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REFLACEMEN		DICA	L EXAMINER	'S CERTIFIC	ATE OF	DEATH		Dist. N	90	100
I. PLACE OF DEATH	1 13	2	- Dr. Lovif	2. USUAL RESIDENCE	CE (Where deced	sed lived. If Insti		Dist. N		nission)
E CODINIT	Anne Arun	del	MARYLAN	o d. STATE Md.		b. COUN	TY	Ann	a Ar	undel
b. CITY OR TOWN III	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1			porote limits, writ	e RURAL	diam'r.		
and give nearest town)	riendship				endship					
		f not in hos	pital, give street oddress)	d. STREET ADDRE					e. 15	RESIDENCI
		-		1						A FARM
3. NAME OF DECEASED	Fin	ıł .	Middle	Last	4. DATE	Mon	th	Day		Year
(Type or print)	William		Thomas	Armiger	DEATH	Jar	3.	1.		19 57
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IFUND	ER TYEAR	IF UNI	DER 24 HR
Male	White	WIDOWED	DIVORCED [11/11/97		lost birthday)	Months	Days	Hours	Min.
during most of working	N (Give kind of work of life, even if retired)		IND OF BUSINESS OR INDU			1_4/		ITIZEN C	OF WHAT	COUNTR
13. FATHER'S NAME	penter	- 1 -	duilding	Friend						
				14. MOTHER'S MAIDE	EN NAME					
JOSEI	PH F. ARM			INFORMANT		AGNES V.	, ATW	ELL		
PART I. DEATH	ofe cause	Муо	none or (o), (b), and (c),] cardial infar ariosclerotic	agnes v.	ypertens	sive	Ceda		CIVE	
PART II. OTHE		ITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o)	PERF	AUTOPSY ORMED?
	FRIBUTING [DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Part II	of item 18.)				
YOUR HOUR OF INJURY	Month, Day, Yea	While of wor	Not white fo	ACE OF INJURY (Home, Including, street, office bldg.,	form, 20f. (Cit	y or town)	(<	County)		(Stote)
21. I certify the	at I took charge	of the r	emains described ab	ove, held an Auto	psy T. I	nspection 🗍	, Inqu	irv [and	find the
ACTUAL SIGNATURE CEXAMINER'S	rom: Natural of		Accident [], S	uicide [], Hamic	-	ndetermined	cause [16/5	DATE	SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial			Union Chape	OR CREMATORY		TION (City, town, McKendr			(Stol	6)
23. FUNERAL DIRECTOR'S			ADDRESS		EC'D BY REGIST			-	DE	

GALESVILLE MD.

WM. J.FRENCH

DATE 1/10/57

Vs. A15ME(5) 5M 9/55

BERNARD HARDESTY

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BUREAU V. S.

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M		COUNTY An	ne Arundel	N	ARYLAND	G. STATE		ed. If institution b. COUNTY	,		sion)
IN	1				ARTONN	Mary]	Land	b. COUNT	Baltim	ore C	ity
	L	RURAL and give	(If autside corporate limi nearest town) DWNSVILLE	is, write c. LENGTH OF S		E. CITY OR TOWN (IF & 3 Y 0/- 4 2637	rutside corporate France		RAL and give r	earest low	n)
10		OP INSTITUTION	Mac (If not in hospital, g	ate Hospital		d STREET ADDRESS Balti	more Ci	ty		ON	SIDENCE A FARM?
		NAME OF DECEASED Type or print)	Thor	mas	iddle	Banks	4. DATE OF DEATH	Month		-	Yeor 19 57
	5.	Male	Negro		ORCED 🔲	Not given	14	67? yrs.	FUNDER 1 YEA Months Days	-	ER 24 HRS. Min.
1		Truck D	rking lite, even it retired	done 10b. KIND OF BUSINE Unk.	SS OR INDUSTI	Virg	inia	ył	t2. CITIZEN	U. S.	
1	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
	15. (Ye:	Solome WAS DECEASED EV no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dotes of H	CES? 16. SOCIAL SECURITY		ospital Reco	Mary B	Adden	ville S	tate	Hospi
		Conditions, if gave rise to couse (a), stating lying couse lost	immediate DUE TO	Hypertensiv		Infarction riosclerotic	heart	disease			
2	FICATION	Hypost	tatic Pneumo						N IN PART 1(0)	PERFC	AUTOPSY ORMED?
	MEDICAL CERTI	OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour a. jr. p. m.	Y MEDICAL EXAMINER)	ar 20d. INJURY OCCURRED While Not while of work at work	20e. PLAC	E OF INJURY (Home, farm ry, street, office bldg., etc.	20f. ICity or 1		(Count	r)	(Stote)
1		ACTUAL SIGNATURE	han attended the	19 57, and the wif 1/9/p	2/24 that death o			city or town, st	d on the d	ate state	
registor	220	BURIAL CREMATIC REMOVAL (Specify	Lionel McHe		DEMETER OF C	REMATORY	22d. ISTATION	Stry Town, or	county)	(Stol	(e)

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CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

Pan Dist No. 27

	F TOR			· R	leg. Dist. No. 27
o. COUNTY Anne Arur	ndel	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere deceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside RURAL and give nearest for Fort Geor	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (IF no OR INSTITUTION U. S. Arm	y Hospital	kdress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO TO
NAME OF DECEASED	First MOTHY	Middle (NMN)	BEISEL	4. DATE Month OF DEATH January	Day Year 30 19 57
Male Ca		DIVORCED	B. DATE OF BIRTH 17 March 1899		UNDER I YEAR IF UNDER 24 HR
during most of working life, Soldier	even it refired)	S. Army		or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNT United States
3. FATHER'S NAME	owu		14. MOTHER'S MAIDENA	NOW 4	
fes, no, or unknown) (If yes, give	S. ARMED FORCES? 16. So wor or dote of service) esent	OCIAL SECURITY NO. 17. A	S. GIU	# Midress	yeade We
	CAUSED BY: AC	for (o), (b), and (c).]	l Infarction		interval Between onset and Death Several y
Conditions, if ony, whit gove rise to immedia codise (a), stating the underlying cause last.	to Due to	lcific Aortic	Stenosis		19
PART II. OTHER SIGN 20a. ACCIDENT WAS UNDE OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICA	and the second s	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES X NO
20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	REYING 206. DESCI SE OF DEATH L EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in t	Port I or Port II of item 18.)	
20c, TIME OF INJURY Mont Hour o. m. p. m.	h, Day, Year 20d. IN. While of work	Not while for	ACE OF INJURY (Home, farm clary, street, office bldg., etc	20f. (City or town)	(County) (State
21. I certify that I of olive on 30 Jan		ond that death	occurred of 1230F	M, from the couses and ADDRESS (Street, city or town, sto	d on the date stated above) DATE SIGN
PHYSICIAN'S JOHN F		,/M.D., MAJ.,		t George G. Mea	
O BURIAL, CREMATION, 27b.	-4-57	20 MAME OF CEMETERY O	To4	22d, LOCATION (City Town, or a	J-C
WILLIAM COOKE.		ADDRESS /		W/	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUN. It DIRECTOR: After this certificate has been signed by the attending physician and completely fill. In by the funeral director, page Anould be detached far use as the burial-transit permit. Then please-remove carbon papers. Pages and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

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The Park State of

BUREAU V. E.

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ea \	125	CERTIFICA	ATE OF DEATH
	I. PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (When a STATE Mary land
	h CITY OR TOWN I'll nutride corporate fimile write	A LENGTH OF STAY IN IS	- CITY OR TOWN IN

Reg. Dist. No.

	Anne A	rundel	MARYLAN	O STATE	ere deceased lived. If institut b. COUNTY		efore odmiss	sion)			
	CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 1								
	Linthic		7 yrs.	xaLinthicum							
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RES	SIDENCE A FARM?			
	40	7 W. Maple I	Road	407 W.	Maple Road			NO			
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth	Day	Year			
	Type or print)	JOHN	Н.	BLANDIN		anuary	16,	1957			
5. 5	EX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Day		_			
	male	white wipow	A	Dec.15/190	5 51 yrs.		ys Haurs	Min.			
100	. USUAL OCCUPATION during most of working	N (Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT	COUNTRY			
I				5 6 5	Kansas	U.S	L.A.				
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
	Clark	W. Blandin		G	ertrude E. H	lart					
	WAS DECEASED EVER	t is a to the total		, INFORMANT	Add	ress					
	yes	26-430	214 01 5939	Mrs. Alice	M. Blandin	Same	e As	#2			
-	18. CAUSE OF DEAT	H [Enter only one cause per l	ine for (a), (b), and (c).]			111	NTERVAL BE	TWEEN			
	PART I. DEAT	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Carcinom	a of Pancrea	s ·	0	O MO	149			
	157%	DUE TO					- 1	7 10 20 10			
	Conditions, if an	y, which I am	with Mesta	stasis							
	gaye rise to im	mediate (
	tying couse last.	te under-									
ATION	PART II. OTHI	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(0	PERFC	AUTOPSY ORMED?			
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in l	Part I or Part II of item 18.)		1	1100			
CAL	20c. TIME OF INJURY		NJURY OCCURRED 20a.	PLACE OF INJURY (Home, form	20f. (City or town)	(Coun	(N)	(State)			
WEDICAL	Hour a.m.	19 While	Nat white	factory, street, office bldg., etc	1	(200)	.,,	(arara)			
2			25	27 56	Ton 76/ Er	7					
	T	at I attended the decea	d am		Jan. 16/, 1957						
	alive an <u> </u>	n. 16/ 195	2.4., and that dec	oth occurred at 6:P							
	ACTUAL SIGNATURE	Tellen Lint	Ree	M.D. 106 W. /Co	ADDRESS (Street, city or town,	state)	D	ATE SIGNED			
	PHYSICIAN'S C	. Milton Lir	nthicum	Lin	thicum Heigh	its,Md.	. 1	/17/57			
220	BURIAL CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	ar caunty)	(Stat	e)			
	REMOVAL ISECTY)	Jan. 19/57	Glen Have	en	Glen Burni	e. Mar	vlan	d			
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	24o, REC'	D BY REGISTRAR _ 246. REGI	STRAR'S SIGNA	TURE	0			
	TNYX.	metiton	Glen Burn	ie Md DATE	PT 1931	St. 0	Jedn	che			
	/										

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital ar attending physicion.

TO FUND INTECTOR: After this certificate has been signed by the ottending physicion and campletely page though be detached for use as the burial-transit permit. Then please remain carbon papers. Page the registrar prior to burial, cremation, ar remaval, and in any event within 77 hours offer death. TO HOSPITAL OR

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n by the funeral director.

CERTIFICATE OF BRATH

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MEDICAL EXAMINER'S CERTIFICATE OF DRATH

BUREAU V. S.

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DECENTED

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. cremation 2. USUAL RESIDENCE (Where deceased lived. If institution: Resignifice before ediminision) PLACE OF DEATH p. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate timits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street address) d. STREET ADDRESS ON A FARM 20 YES 🗍 NO 🕽 NAME OF 4. DATE Month Year DECEASED QF DEATH (Type or print) ģ 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Hours Min. WIDOWED IX DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life. From 'f retired) 12. CITIZEN OF WHAT COUNTRY? ofter þe ATCHMAN 13. FATHER'S NAME Pages S 15. WAS DECEASED EVER IN ARMED FORCES? 16. SOCIAL SECURITY NO. rs. NZOMI 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), (b) MTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 YES | NO 7 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OF CORRED. LEgisteringture of intory in Port 1 or Partial of item 18.3 WEDICAL 20e. PLACE OF INJURY (Home, form, foctory, street) office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 200/INJURY OCCURRED 20f. (City or town) (County) (State) o. m. of work of work p. m. charge of the remains described obove, held on Autopsy 21. I certify that I took Inspection . Inquiry , and find that ECTOR: Undetermined couse Accident . couses Homicide DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 0 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF Ó 246 REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. AISME(5) 5M 9/55

BUREAU V. C

TO A DE DE SA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed lived, If institution Residence before admission) a. COUNTY Po COUNTY MARYLAND OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPIPAL in haspital, give street addressiv 1S RESIDENCE ON A FARM? YES NO Z NAME OF DATE Middle Year DECEASED (Type or print) DEATH 1965 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HR B. DATE OF BIRTH (vpb Days Hours DIVORCED T WIDOWED FT USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during men of working life, eyen, if fetred) SURTHPLACE (State or foreign/country) 12_CITIZEN OF WHAT COUNTRY? ATHER'S NAME MOTHER'S MAIDEN MAME move IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAC SECURITY NO INFORMANT Address 1B CAUSE ON DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which ! gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? 0 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 29c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while of work of work p. m. 21. I certify that I attended the deceased from 19____,that I lost sow the deceased ___, and that death occurred at 4.5 alive on _M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL SIGNATURE T PHYSICIAN'S NAME (Type) 229 BURIAL CREMATION 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (L(State) NERALI DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REOTS RAR'S SIGNATURE 15M 9/55

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within .

O HOSPITAL

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BAREVA A. T.

DECENT LI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2" pluous A I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Chem a. COUNTY Anne Arundel o STATE Mary Laud b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN III outside corporate imits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis va Churchton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) o. IS RES DENCE ON A FARM? d. STREET ADDRESS DOA Anne Arundel General Hospital Dudley Road YES NO 3. NAME OF 4. DATE Month Day DECEASED CHARLES WOOD W CHAPLEN (Type or print) DEATH Janus. T' 1957 ŏ 5. SEX 6. COLOR OR RACE 7. MARRIED 19 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. Manths Male White 3, 1913 WIDOWED [7] DIVORCED | YES. reloii 2 wil 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and USA Mach. U.S. Gov Pa. moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Ch rence Chapman Rose Carmeon Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Mrs. C.W. Chapman - Wife- Same as PM3. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN permi PART I, DEATH WAS CAUSED BY: with form Coronary disease Sud Jen IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ICATION PERFORMED? Ö YES 🗍 NO X 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.] While at work at work 19 ピフ 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection vy, Inquiry 77, and find that death resulted from: Natural causesy (V). Accident ... Suicide . Homicide . Undetermined cause . the Chir DATE SIGNED ACTUAL certific CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER DIIPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) Elmer G. Linhardt January 17 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 ADDRESS Buria Winchester 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Vs. A15ME(5) Amnapolis, Maryland 5M 9/55

DECEIVED 1257

BUREAU V. L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Abhe Amindel faryland b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessups Few seconds Fort Meade d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RES DENCE es, prior ON A FARM? YES NO D Feet east of route fill 3. NAME OF First Middle 4. DATE Last Day Year DECEASED (Type or print) DEATH Edward Collins January 21st. 195 19 ور 5 SEX 6. COLOR OR RACE 7. MARRIED THEY MARRIED THE 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Houn WIDOWED | DIVORCED [Male Colored 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Sergeant in the U.S. Army U.S. A Gilbert S. Carolina 13. FATHER'S NAME Pages Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address G_Ve Fort Meade Records present. P.M.3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: with form Fracture of skull IMMEDIATE CAUSE (a) Sudden lea E **DUE TO** Conditions, if any, which fracture of left forearm Sudden Compa comma gave rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPS ő PERFORMED? NO F 200 EXTERNAL CAUSE WAS PRIMARIC OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1, of item 18.) CAUSE OF DEATH. should a telephone post Automobile her and turned 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Route 8 Md. 1. 55 d. 2 m. Not while. of work of work Md. Jessuos A.A. 21. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection [8], Inquiry [8], and find that Accident X, Suicide . Homicide . Undetermined couse death resulted from: Notural causes ACTUAL DATE SIGNED 0 0 SIGNATURE $\frac{1}{2}$ ASSISTANT MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert. h. D. NAME (Type) DEPUTY MEDICAL EXAMINER K 226. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 0 almetta Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR LAS REGISTRAR S SIGNATURE VS. A15MEIST Arlington S. Phillips, 1808 N. Monroe Jan 57 5M 9/55 Balumore, Mo

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	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 128
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. STATE b. COUNTY /
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town) DE ALLER AY BEACH C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If pulside corporate limits, write RURAL ond give negrest town) BEUERAY BEACH
.=	d. NAME OF HOSPITAL OR/INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS: CADLE TUE, VES NOTE VES NOTE ON A FARM? VES NOTE VES NOTE ON A FARM?
3.	NAME OF DECEASED Lost 1. DATE Month Day Year OF (Type or print) AMES ED 10 1957
5.	SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In your last birthdoy) 8. DATE OF BIRTH 9. AGE In your last birthdoy) Months Days Hours Min.
10	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life dven if retired) 4. S. Gout the MARYLAND
)	3. FATHER'S NAME "U. UK" 12
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT On, no. or unknown) WARY PARL CORPREW ## 2
	18. CAUSE OF DEATH [Enter only one cause per like for (o), (b) and (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (a), staling the underlying couse lost.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES YES YES YES YES YES YES YES
CERTIFI	
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) White Not white of work of two of t
	21. I certify that Tack charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find the death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	NAME (Type) G. LINDAR H. T. DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
22	REMOVAL (Specify) 1-30-57 COUNTY) REMOVAL (Specify) 1-30-57 COUNTY) REMOVAL (Specify) 1-30-57 COUNTY)
23	of the Mile file of the file o

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, please execute Medicale, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be fary at 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 18.

or removal. For FL

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECEIVED

BUREAU V. S.

TAYLOR : SUN APNAPELIS

24

HOSPITAL

15M 9/SS

PECEIVED NA

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00114 Reg. Dist. No.

_					rivy. Or	Act Lond	
1. 1	Anne Arundel Maryland	2. USUAL RESIDENCE (V	Where decea			nce befor	e admission)
Ł	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreal fown) Ferndale 6 years			porate limits, write	RURAL and	give nea	rest lown)
C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 104 111 AVONUG	d. STREET ADDRESS Same					ON A FARM? YES NO 2
	DECEASED	Los?	4. DATE OF DEATH			Doy	Year 1957
5. \$	The state of the s	. / /		9. AGE (in years low birthdoy) 53 yrs.			Hours Min.
10a	usual Occupation (Give kind of work done) 106. KIND OF 8USINESS OR INDUSTRIBLE OF A COMMANDER OF THE COAST GU	ardDayton, Oh	or foreign o	country)			WHAT COUNTRY
13.		14. MOTHER'S MAIDEN N	NAME				
15		X Carr	rie M		<u> </u>		
[Yes,	, no, or untrown	,	Deard				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) COTONARY Occlu	sion				Suc	dden dden
	58/0 DUE TO Conditions. if ony, which) (b) Cirrhosis of the	liver				4:	у.
	gove rise to Immediate couse (a), stating the underlying couse last.						
CATION		OT RELATED TO THE TERMI	INAL DISEAS	E COND.TION GIV	/EN IN PART		WAS AUTOPSY PERFORMED? S NOC
CERT FI	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	iter nature of injury in Part	t I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor of work at work at work	E OF INJURY (Home, form ry, street, office bldg., etc.	n, 20f. (City	or town)	(Cou	nty)	(State)
						· -	and find tha
	death resulted from: Natural causes 🗷, Accident 🔲, Suic	ide 🔲, Homicide	. D. U	ndetermined o	ause 🔲.	,	
	ACTUAL SUSTAINE XP Subset Sed.					£	DATE SIGNED
	EXAMINER'S Gustave H. Faubert, M.D.			_	ry 16	195	7
220	REMOVAL (Specify)						(Slote)
							and
1	Glen Burni		181	95/ 2	4.	Der	Allas
	3. 1000 NOTICERT FICATION NOTICE TO THE PROPERTY OF THE PROPER	b. CITY OR TOWN (If cutude carporous limits, write RUEAL of years of and give several town) Ferndale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 104 111 Avenue 3. NAME OF DECEASED (1790 or print) Clarence Wilbur Deardoff 5. SEX M WIDOWED DIVORCED NOO USUAL OCCUPATION (Give kind of work done of the remains described above death resulted from: Natural causes X. pm. 13. FATHER'S NAME William Deardoff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Conditions, if any, which gove rise to Immediate cause (a), stating the underlying course to Immediate cause (b), stating the underlying course to Immediate cause (b), stating the underlying Course loss. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS P. Month, Doy, Year You work of death resulted from: Natural causes X. how work of death resulted from: Natural causes X. how while a divork of the graph of the gr	O. STATE Same b. CITY OR TOWN If annual corporate limits, with RULLI C. LENGTH OF STAY IN 1b 6 years d. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street oddress) 104 121 Avenue 3. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street oddress) 104 121 Avenue 3. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street oddress) 104 121 Avenue 3. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street oddress) 104 121 Avenue 3. NAME OF HOSTIAL OR INSTITUTION (if not in hospital, give street oddress) 105 Ext	D. COUNTY ATING Arundel b. CITY OR TOWN IT control corporate famile, write RURAL of STAY IN 15 or GYPOTALLE b. CITY OR TOWN IT control corporate famile, write RURAL or LENGTH OF STAY IN 15 or GYPOTALLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) J. 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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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director, filed with	X)	1.	PLACE OF DEATH O. COUNTY O. STATE O. STATE O. COUNTY O.	
funeral fuld be f			CITY OR TOWN (It autside corporate fimilis, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate invits, write RURAL and	give nearest tawn)
by the		چ	d. NAME OF MOSPIFALITY not in hospital, give screen address) OR TRUSTITUTION OR TRUSTITUTION	e. IS RESIDENCE ON A FARM? YES NO Z
in III h			NAME OF DECEASED (Type or print) OF STRUE COST S 4. DATE Month OF DEATH Jan	3 t 19 \$7
npletefy ers. Po		100	Male WIDOWED BY DIVORCED 1 -25-1876 2 Stribory Months	
e be escurted an and comp corbon paper after death.		1	(during most of planting-life, even if fetired)	TIZEM OF WHAT COUNTRY
			Lamuel Bades	
n certifical ing physic e remove 72 hours	3		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
he danti			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cause of DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
that the by the t. The y even			Canditians, if any, which)	
requires ion. in signed nsit permi			gove rise to immediate cause (a), stating the under-lying couse last.	
he law in physicic has been rial-tran		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAS	RT I(d) 19. WAS AUTOPSY PERFORMED? YES NO X
Tending ifficate by the by			206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
tol or of this certification or use of the certification of the certific		MEDICAL		(Caunty) (State)
hospi After Hed for			21. I certify that I attended the deceased from. 19, to CM 71, 1957, that I	last saw the decease
by the ECTOR:			21. I certify that I attended the deceased from	DATE SIGNE
retoined political	1		PHYSICIAN'S NAME (Type)	
HOSPI may be FUNE page 3		220	RUPIAL CREMATION, 226, DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d (OFATION (City, town, or country), REMOVAL (Specify) 2-3-57 Suver Survey)	les Photo
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS L'ILLEL LEUS LEUS II - CIMAREL MATE L'ILLEL LEUS LEUS II - CIMAREL MATE	gnature French
) / . / 1534 1957	

BUREAU V. E.

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NSTRUCTIONS

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

141 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED

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Reg.	Dist.	No	26

H	COUNTY ANNO ATUNDO MARYLAND	STATE ON O COUNTY A	A
	CITY (Il outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY I'll duttide corporate limits, write RURAL and give nears OR TOWN	si lown)
λ	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
	(Type or Print) DAMES TARNOIS	(Lest) 4. DATE (Month) DEATH SAM.	(Day) (Yeer) 6 1857
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED. RACE WIDOWED, DIVORCED S. DATE OF COLOR OF CO	F BIRTH 9. AGE less birthday IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If refired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
	13. FATHER'S NAME ETARST EVANS	MARL WOOD	
*	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (II Yas, give war or dates of service)	17, INFORMANT & ADDRESS	
4	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSE(S) DUE TO	cheinened	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
U	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		ZO. AUTOPSY? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County OCCUR? (City or town)	r) (State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from Jan 6.		
10M -	SIGNATURE 4	ADDRESS (Street, city, town, state)	DATE SIGNED
	Linil H. Welson arting M.O.	fellier, mil	1-6-57
A15C 1-55	23. BURIAL, EREMATION, REMOVAL (CHECKY) Date thereof NAME OF CEMETERY OR OF COMMERCE OF CEMETERY OR OF CEMETE	Brutol	(State)
YS	DATE HIV 151951 REGISTRAR SIGNATURE Sont	Finel Hotels A	Himey

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EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 142 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whyle deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cornorate-Hinits, write RURAL and give nearest town) RURAL and give negrest toWhJd. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle 4. DATE Lost Month Day Year 24 DECEASED OF DEATH (Type or print) 19 within. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 52 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours Min. Doys WIDOWED [DIVORCED[®] yrs 100. USUAL OCCUPAT ON (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigte or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 黄 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO AU. I Conditions, if ony, which ! gove rise to immediate DUE TO 2.5 couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) While factory, street, office bldg., etc.) Hour D. M. Not while ol work 🗌 ol work 21. I certify that I attended the deceased from and that death accurred at 4 222 M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE HOSPITAL PETERSONAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

TEO: NAI

I UREAU V. E.

Reg. Dist. No.

o. COUNTY Anne Arundel MARYLAND SAILE							Vhere deced	sed lived. If institution b. COUNT		ence bef	ore adm	ission)
Ή,	b. CITY OR TOWN (IE	Arundel	- las mercan	c. LENGTH OF STAY IN		° Same	(= A 24			t		
Ι΄	and give nearest town)		MINE WHAL	L .	4 10	c. CITY OR TOWN (IF	outside cor	rporote limits, write	XUXAL OF	G GIVE D	edieti io	wnj
<u> </u>	P.O. Mill		I dif and in h	04 months ospital, give street oddress)		7 Same					1 . 40 0	CCIDENICE
Ι΄			i fir nor in s	ospiidi, give street odorest)		d. STREET ADDRESS					ON	A FARM?
-	Oakdale					Same					YES] NO €
	NAME OF DECEASED (Type or print)	Frank M.	First Fow]	Middle Ler		Lost	4. DATE OF DEATH	January	h 16th	/ 19		rear 19
5. 3	SEX	6. COLOR OR RAC	E 7- MAR	RIED TO NEVER MARRIED	□ 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDE			ER 24 HRS
	М.	W.	WIDOW	ED DIVORCED	ונ	11/25/1887		69 yrs.	Months	Doys	Haura	Min.
10c	. USUAL OCCUPATIO	N (Give kind of wo	rk done 10b.	KIND OF BUSINESS OR IN	1DUSTI	TY 11. BIRTHPLACE (State	or foreign	country)	12, CI	IZEN O	F WHAT	COUNTRY
L	Operat	or of a d	ump tr	ruck		Baltimor	re, Md.		υ.	S.A.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	3MAP					
	James H. F	owler				?						
15.	WAS DECEASED EVE	R IN U. S. ARMED	FORCES? 16	S. SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
	No	in last fine was as none;	er serricej	1	Mrs	. Katherine,	Fowle	r (Wife)				
	18. CAUSE OF DEAT	H (Enter only one	cause per lin	e far (a), (b), and (c).]						INTER	EVAL BETWI	EEN
	PART I. DEAT	H WAS CAUSED BY	L. Co	ronary Occlu	sic	n					dden	
	4201	DUE 1	101	, , , , , , , , , , , , , , , , , , , ,						13 (4	AACA EGA	<u> </u>
1	Conditions, If on											
	gave rise to Immed	iote cause	(b)	lest.								
	(a), stating the u	nderlying	(c)									
Z	PART II. OTH	ER SIGNIFICANT CO	<u> </u>	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
¥										,	PERFC YES	NO 🚽
CERTIFICATION	20a. EXTERNAL CAU	SE WAS	20b. DESCRI	BE HOW INJURY OCCURS	ED. (Er	Her noture of injury in Part	t 1 ar Port II	t of item 18.)				
ER!	20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.	TRIBUTING []			·	, , , , , , , , , , , , , , , , , , , ,		,				
	20c. TIME OF INJUR		Year 20d	INJURY OCCURRED 200	- PLAC	E OF INJURY (Home, form	1. i 20f. (Cir	y or town)	(Co	ounly)	-	(Stole)
MEDICAL.	Hour o. m. p. m.	1	9 Wh		Facto	ry, street, office bidg., etc.)	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.	,,		(5 0.0)
	21. I certify th	at I took chor	ge of the	remoins described	abov	e, held an Autops	y 🔲. 🚶	nspection 🔀	Inqui	ry 🕏	ond	find the
	deoth resulted	from: Natura	causes	X, Accident [],	Suic	ide . Homicide	Π, υ	ndetermined o	ause [].		
	//	1 1/	6									
	ACTUAL SIGNATURE	class N.	thees	ekarl Ul		M.D. CHIEF MEDICAL EX	CAMINER [)			DATE S	SIGNED
	E-V 5 444518818					ASSISTANT MEDICA	AL EXAMIN	ER 🔲				
	EXAMINER'S GIL	stave H.	Fauber	t.M.D.		DEPUTY MEDICAL	EXAMINER		1/16	/57		
22a	BURIAL, CREMATION	V, 226. DATE THER	EOF	22c. NAME OF CEMETER	Y OR (CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
	Rurial	1/19	7/57	Cedar Hil	L C	emetery	Ba:	ltimore			Md	•
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRES\$		240. REC'I	D BY REGIS	TRAR 246. REGI	STRAR'S SI	GNATUR	RE /	
						DATE	911	1951/	A. 1	11.	104	Class
								-		0	-1	70

VS. A15ME(5) 5M 9/55

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BUREAU V. S

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AF copy 144 CERTIFICATE OF DEATH death. Reg. Dist. No..... fird after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY FINALE COUNTY STATE hours (If outside corporate limits, write RURAL LENGTH OF STAY CITY (Il outsida corporate limits, write RURAL and give nearest town) director, and give nearest town) OR (in this place) OR KATOWN TOWN DERM 77 HOSPITAL OR STREET (Il rurel give location) INSTITUTION OR **ADDRESS** within STREET ADDRESS 5 NS7 3. NAME OF (Middle) (Last) DATE (Day) (Year) DECEASED OF registrar by the 1 (Type or Print) DEAT DATE OF BIRTH S. SEX CLOR OR SINGLE, MARRIED AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. RACE WIDOWED, DIVORCED. Months Days Hours Min. WE 윤.5 YIX. 10a, USUAL OCCUPATION [Give kind of work 105. KIND OF BUSINESS 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT filed filed death done during most of working lile, aven if OR INDUSTRY COUNTRY permit. FARMER. 13. FATHER'S NAME Fled 14. MOTHER'S MAIDEN NAME completely **transit** RACE MUEL that 40 physician. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS certificate (Yes, not or unk.) (II Yas, give war or datas of servica) burial and INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death 93 IMMEDIATE CAUSE #SI DUE TO ANTECEDENT CAUSE(S) that the attending pr DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) requires LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the ŏ DISEASE OR CONDITION CAUSING DEATH law n ed by the should to 198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20 AUTOPSY YES NO TOR: The Lexecuted b 21c. WHERE DID INJURY OCCUR? (City or town) 21a, ACCIDENT WAS UNDERLYING [7] 21b PLACE (Home, farm, fectory, (County) (State) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) **DIRECTOR:** assembly 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 216, INJURY OCCURRED 211. HOW DID INJURY OCCUR? While Not while et work et work peen 22. hereby certify that I attended the deceased from 19.... that I last saw the deceased , and that death occurred at the from the causes and on the date stated above. certificate 10M-FUNERAL SIGNATURE ADDRESS Street, city, Jown, stale certificate M. D. death 23. BURLAL, PREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Steta) REMOVAL (SPECIF A15C REC'D BY REGISTRAR REGISTRAK'S SIGNATUR 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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BUREAU V. &

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 146

CERTIFICATE OF DEATH

001244

0	Dist	Man
Keg.	Dist.	IAO.

	Keg. Dist.	. 140.					
1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	befare admission)					
Anne Arundel MARYLAND	Same						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and giv	re nearest tawn)					
Ferndale 9 years	X >- Same						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES TO NO IT IS					
2 1 Ferndala Avanue	'Same						
3. NAME OF DECEASED (Type or print) Dorothea Henrietta Gill	Lost 4. OATE Month OF DEATH January 12th	Doy Year 1 19 57					
	8. DATE OF BIRTH 19. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.					
F White WIDOWED DIVORCED		Pays Haurs Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)		EN OF WHAT COUNTRY?					
Housewife	Baltimore, Md. U.S.	Α.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Frederick Keller							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. If [Yes, no, or unknown] [If yes, give wor or dates of service)	[Yes, no, or unknown] [If yes, give war or dates of service]						
No None C	harles E. Gill (Husband) 21 Ferno	lale Ave					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9) COTONETY OCCLUS	ion	6 hrs.					
420.1 DUE TO							
	and amond a	2					
gave rise to immediate	F(0)(3)10S(1)S.						
casse (a), sloting the under-							
lying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?					
206. ACCIDENT WAS UNDERLYING A 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING A CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II af item 18.)						
OR CONTRIBUTING CAUSE OF DEATH							
	ACE OF INJURY (Home, form, 20f. (City or town) (Co.	(State)					
Hour a.m. While Not while fac	clary, street, affice bldg., etc.)	uniy) (State)					
p. m. 19 at work at work							
21. I certify that I attended the deceased from anly today	, 19, to, 19,that I la	ist saw the deceased					
alive an $1/12/57$ 19 and that death	occurred at 4.45 PM, from the causes and an the	date stated above					
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ADDRESS (Street, city or town, state)	DATE SIGNED					
SIGNATURE SUDIANC I Face he et all	M.D. Glen Burnie Md. 1/12/	/57					
	m.v						
PHYSICIAN'S NAME (Type) Custove H. Faubert M.D.							
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, fawn, or county)	(State)					
Burial I-16=57 Glen Haven	Glen Burnie, Maryla						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REGID BY REGISTRAR - SAD. REGISTRAR'S SIGN	NATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, may be retained by the haspital or attending physician.

TO FUNS** DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page Sectional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 12-baurs after death. VS A15 (4) 15M 9/55

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DECTORY ED

2 - V ILL TAIL

V. S.

		MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
68 6		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Se sa la	1	Reg. Dist. No.
pleos crem		a. COUNTY 1.1.1.CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY 1.1.1.CO MARYLAND
iol iiol		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) end give nearest lown)
Po Pu		Annapolis R.F.OHZ-BJX 24317 - KA
tor.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
price is		Annapolis General Hospital /7/0/13-110 YES NO
ny dela		3. NAME OF DECEASED (Type or print) Lerzo 4 N. Gus NELL DATE Month Day Year OF DEATH /4 1957
75 = 75 = 75 = 75 = 75 = 75 = 75 = 75 =		S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
# 56 # # d #		WIDOWED DIVORCED August 4,1900 56 yrs. Months Days Hours Min.
deol etoi		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
20 0 0		Electrician Local Union Maryland
30,20		13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME
S S S S S S S S S S S S S S S S S S S	à	Clarence W. Gosnell Estelle Platt
4 0 0 0 0 0		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
il s d iii	6	No 215-07-5338 Mrs. Vera K. Geldmacher 3533 W. Caton Ave.
A Signature	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSE AND DEATH
Derin P		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CECLULE & PLESCOSE WILLIAM WILLIA
ror ror		PUE TO
ta t		Canditians, if any, which) (b)
d b d b noil		gave rise to immediate cause (a), stating the underlying DUE TO
olo olo	1	couse lost. (e)
S : is		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
A O D	0	PERFORMED?
is certi 'peno miner's d be us		YES NO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
rand Fxo Fxo		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MINES a the v edicol		Hour o, m, p. m. 19 of work of work
X ii X o		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond find that
Shie S		death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined couse .
25 to 15 to		DATE SIGNED
WED A		SIGNATURE O SURSITIVA M.D. CHIEF MEDICAL EXAMINER
A A A		EXAMINER'S = / / / / / / / / / / / / / / / / / /
E Supplied to the supplied to		NAME (Type) [- LINITAR & T PINITA POSTIS - 17 D DEPUTY MEDICAL EXAMINER S.
for re		22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 22d. LOCATION (City, town, or county) 22d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 1/18/57 Ht. Olive Randalstown. Haryland
5 . 5 .		
VS. A15ME(S)		13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
SM 9/58		James F. Burnside, Jr. 1900 Eutaw Place Jake 17 10 1 /m & Trenche

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DE VIESTA

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 110 Rea. Dist. No. 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) of COUNTY b. COUNT MARYLAND b. C.TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) #URAL, and a ve mearest town 'O NAME OF HOSPITAL (If,not in hospital, give street address) d, STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 2 NAME OF First Middle DATE Month Year Day DECEASED (Type or print) DEATH 195 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HR BUDATE OF BIRTH Months Days Hours DIVORCED [WIDOWED D 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT COUNTRY? of working life, even if retired) 13. EATHERS NAME 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse pery line for (o), (b), and (c).] INTERVAL BETWEEN ō. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part I or Part II of item 18.1 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Hour a. n. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that fattended the deceased from that I last saw the deceased alive on... and that death/occurred at 1.10,11M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Y NAME (Type) URIAL, CREMATION, 22b. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY (Stote) INERAL DIRECTOR'S SIGNATURE REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

147

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY Anne Aruundel	MANTHAMA	STATE Marvle	and county 1/	Ni a omi a o				
CITY (It outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)						
OR and give nearest town) Itural Crownsville	(in this place) 5 days	OR TOWN ITT-	aled m					
HOSPITAL OR	5 days	STREET	skin	e focation)				
INSTITUTION OR STREET ADDRESS CO		ADDRESS						
3. Crownsville St	ate Hospital	(Lest)	A. PATE (Mont	h) (Day)	(Year)			
(Type of Print)		(2001)	COM	, ,,,	(1eal)			
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, I 8. DATE O	Green	DEATH Ja	IF UNDER 1 YEAR	19 57 TIF UNDER 24 HRS			
RACE WIDOWED.	DIVORCED.		-	Months Days	Hours Min.			
Female Negro (Specifical)		given	79? yrs.					
dona during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZE	EN OF WHAT			
	wn Home	Maryland		U.S.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
Not given		Not gi	zen					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DORESSCrownsv	Tille Ho	gnital			
(Yas, ap, or unk.) (If Yes, give war or datas of service)			Records Cr					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	10, MEDICAL CER			INTE	ERVAL BETWEEN			
				ON:	SET AND DEATH			
Z E Z E Z E INIMADIATE CAOSE (A)	mia							
ANTECEDENT CAUSE(S) DUE TO	lonephritis							
GIVING RISE TO THE ABOVE CAUSE	TOTIS MIL TOTO							
STATING UNDERLYING CAUSE LAST. (C)								
TO THE DEATH BUT NOT RELATED TO THE								
DISEASE OR CONDITION CAUSING DEATH. Dehyd	ration - Arteri	osclerosis						
19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION				O. AUTOPSY?			
218. ACCIDENT WAS UNDERLYING 21b PLACE (dana firm factors 1 a	ALL MARKE ON MARKY OF THE			NO 🗌			
	tome, farm, fectory, el, office bidg., atc.)	Te. WHERE DID INJURY OCCUR	f (City or fown)	(County)	(State)			
	21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR	?					
	While Not while at work							
22. I hereby certify that ! attended the de		1057 . 1/1/	40 50	7	-1 -1			
22. I nereby certify has a arended the de	ceased from #/.#.	, 1920£, 10#/#5	7 19 21	C., that I last say	w the deceased			
alive on, 19//, 19/5/	and that leath occurred at		iuses and on the d ESS (Street, city, town		/e. DATE SIGNED			
& whell their	4/1/4/1	Crownsville, Mc		·,,	/17/EN			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town	or county)	/ 1 /) / (State)			
No.				3.0	(010.0)			
Burial 1/26/57 24. REC'D BY REGISTRAR REGISTRARIS SIGNAL	White Have	en Com	White Hay	ren Mid				
4557 8	20 ()	C P S S	1 R	ADDRESS	211			
DATE IN THE	1. Jayres	1. XI. N/2	solety ()	1100-lue,	Mai			

BUREAU V. S.

DECENTED

		. 11)		CERT	IFICA	TE OF DEATH	1		Reg. D	ist. No.	21	
	PLACE OF DEATH	Arundel		MAR	YLAND	2. USUAL RESIDENCE (WHO SHATE PARTY LAND	ere deceased	J I'ved. If institution b. COUNTY	n: Reside	nce befo		
	b. CITY OR TOWN (IF RURAL and give new Annapoli	arest fown)	ts, write	c. LENGTH OF STAY	(IN 16	c. CITY OR TOWN (# o		rote limits, write RI	JRAL and	give nec	prest town)
1 .	d. NAME OF HOSPITA OR INSTITUTION 21 S. Chai			address)		d STREET ADDRESS						FARM?
	NAME OF DECEASED (Type or print)	Fic ETTA	st	Middle GLOVIER		last FRT (25)	4. DATE OF DEATH	JANUARY	h XX	24 De		Year 19 57
	Female	6. COLOR OR RACE Whate	WIDOW		ED 🔲	S. DATE OF BIRTH		lost birthdoy)	Months .	Doys	Hours	R 24 HRS. Min,
	House W	ng life, even it retired	done 10b	own home	OR INDUS	TRY 11. BIRTHPLACE (Store Maryland		ountry)		USA	F WHAT	COUNTRY
	Jausha (14. Mother's Maiden N Mary Cra						
	WAS DECEASED EVER	IN U. S ARMED FOR I yes, give war or dates of s		SOCIAL SECURITY NO		. Oscar Fay G	rimes-	Adda - Husband		me a	s # :	2
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	0	ne 167 (0), (b), and (c)	caro	list fuse	ff:	los 1		ONS	ERVAL BE SET AND 4	TWEEN DEATH
Canditions, if any, which gove rise to immediate costs (a), stating the under lying course tost. (b) Archa-Voscular Rival Altisles. (c) Carthy-School Serval al								4/1/2			Pha.	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVE							·	EN IN PA	RT 1(o) 1	PERFO YES [RMED?
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C). (Enter noture of injury in P						
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	while of we	NJURY OCCURRED Not while	20e. PLA foc	CE OF INJURY Home, form tory, street, office bldg , HC	20f. (Cily	or town)		(County)		(Stote)
	21. I certify the alive on III	at I attended the	decease 19_4		d • /	M.D	OFRESS (SI	1957 11 The causes a reet, city or town, t	nd on	the da	te state	
220	PHYSICIAN'S NAME (Type)	James S. M			AFTERN O	& Shaw Stree		nnapolis,		ylan		
	REMOVAL (Specify) Burial	January	,	7 Davidson		Methodist		TON (City, town_p	county)	rble	(Stole	·)
	FUNERAL DIRECTORS	SIGNATURE HOME	Ai	ADDRESS	Md.	DATE /	25/	RAR 246. REGIS	TRAR'S S	GNATU	RE MAN	2

ID HUSPITAL DE ATTENDING INVICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the functal director, and 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNET DIRECTOR: After this certificate has been signed by the attending physician and campletely fill poge. The poge that the detached for use as the burial-transit permit. Then please remayer carbon papers. Pages the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 150 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) o. COUNTY **b. COUNTY** MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Pasadena Pasadena d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Rockview Beach YES NO T 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH Danlel Kent Treland 1957 January 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lost birthdoy) Months Hours DIVORCED [WIDOWED 🗔 January **25.**1865 white male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Calvert County, Md. U.S.A. Balto, Transit Co Conductor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John F. Ireland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address John F. Ireland, Rockview Beach, Pasadena, M.d no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** cosse (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? none YES NO 202. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work at work p. m. 21. I certify that I attended the deceased from 19.2 Z that I last saw the deceased and that death occurred at 250 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn Cemetery Baltimore Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D SY REGISTRAR 24b. REGISTRAR'S_SIGNATURE

DATE

William Cook, Inc., 1217 St. Paul Street

BUREAU V. A.

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		* 152 CERTIFICATE OF DEATH Reg. Dist. No. 24
		1 PLACE OF DEATH O. COUNTY O. STATE Maryland b COUNTY BUT-CITE
,	x [b. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town)
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3 2 Carroll Rd Charles St. Balte-18 ON A FARMS YES [] NO.
		3. NAME OF DECEASED (Type or print) BLANCHE L Middle Lost 1. DATE Month Day Year OF DEATH TAN- 4 195
		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED March 27, 1880 76 yrs Months Days Hours Min
		100. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stole or foreign country) 12 CUIZEN OF WHAT COUN Home Ballwann Md.
5 16		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 132 Cares Of Mary O. Stese Stan Freen
	ا ، ،	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or, uniform) (If yes, give wor or doles of service) M. S. Omna Level Tome on #1
		18 CAUSE OF DEATH [Enter only one cause per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under DUE TO DUE
4	۸	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOM PERFORMED? 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)
		20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part II of Item 18.] OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part) or Part II of Item 18.] 20c. TIME OF INJURY Month, Day, Year Hour o. pt. While Not while of work
		21. I certify that I attended the deceased fram 4 December, 19.5%, to 4 Jan 19.5%, that I last saw the deceased alive on 4 Jan 19.5%, and that death occurred at 3:45 P.M., from the causes and on the date stated about
	4	ACTUAL Holest & Manugal M.D. 90/Elyul Rd Man Burni, Md 4 Jan 5
¥.		PHYSICIAN'S HUBERT F. MAHUZAK CLEN BURNIE, MD. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CREMETERY OR CREMATORY 22d. LOCATION (CIP. SOWE, OF CRUMEN) (SINIAL)
		22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify), REMOVAL (S
V		DATE My 7.1957 & DULta
,		V

BUREAU V. S.

DECEIVED 8 1957

ADDRESS

240 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

ofter death.

within 24

TEA TOTAL

DECEIVED 1957
FOR 11 1957
BUREAU V. G.

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Reg. Dist. No.

1	Anne Arun'el	MARYLAND	a. STATE	P. COUNTY	undel.		
)	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs)	ide corparate limits, write RUF	(At and give nearest tawn)		
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e.					
	Anne un 1 Gener 1 Ho	spit l	909 Wells A	ve.	YES NO 1		
	3. NAME OF DECEASED (Type or print) (Mike) GTORGE S. JOI		Lost 4.	DATE Month OF JANUAL	Y 30 Doy Year 19 57		
	S. SEX 6. COLOR OR RACE 7. MARR	RIED KNEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years II	FUNDER 1 YEAR IF UNDER 24 HRS.		
	Male White WIDOW	ED DIVORCED	January 3, 1889	lost birthdoy) 08 yrs	Months Days Hours Min.		
	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF WHAT COUNTRY		
		U.S.GCV.	Annapolis,	Mary land	USA		
Ì	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .			
	Thomas Jones		Mary Hol	land			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IF	NFORMANT	Addres	s		
	no no	none Mrs	. Stella Mirie	Jones- Wife-	same as # 2		
	18. CAUSE OF DEATH [Enter only one couse per li				INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	washing on a Con	Cari Sant		ONSET AND DEATH		
	Y DUE TO	THE STATE OF THE S	2 DAZGONI		1 200		
	Conditions, if any, which)						
	gove rise to immediate						
	cotte (a), stating the under-						
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY		
9	PART II. OTHER SIGNIFICANT CONDITIONS OF STREET STREET				PERFORMED? YES NO 2		
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Parl	I or Port II of item 18.]			
	A Hour a.m. While	I I	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(County) (Slate)		
	21. I certify that I attended the deceas	ed from May	1956, to 10	W. 30, 1957	that I last saw the deceased		
	alive on 28 19 19				d on the date stated above		
	01011			DRESS (Street, city or lawn, st			
	SIGNATURE SOLUE TO BELL	wan	W.D.		2/1/5		
7	1		*****	**			
	PHYSICIAN'S V John Hademan M	D	90 Catherdrel	l Street, Anna	rolis, Ml.		
	22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22	d LOCATION (City, town, or	county) (State)		
	REMOVAL (Specify) Burisl 2-2-57	St. Mary's C	emr tery	Arnarolis, Ma	ryland		
	23 FUNERAL DIRECTOR'S SIGNATURE"	ADDRESS	24g. REC'D B		PAR'S SIGNATURE		
	HILBERT TO THE ATT HE ATT	nnanolis Marrel	and FHBE4	1901 76	n. French		

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DECEDAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0013620 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b.** COUNTY MARYLAND CIDE OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN Aff. outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P NAME OF Middle 4. DATE Month Day Year DECEASED DEATH (Type ar print) 195 6 COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 38. DATE OF BIRTH Months Days Rours Min. DIVORCED [WIDOWED [7] YES. TOO. USUALOCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 81RTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during Most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), Jb), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Haur Q. M. While Not while at work 🔲 at work p. m. 21. I certify that I attended the deceased from ...that I last saw the deceased _, and that death accurred at 🔼 🚣 .M. from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EC P REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS A 15 (4) 15M 9/55 -163307XV

NAL NAL

· 155 CERTIFICAT	TE OF DEATH Reg. Dist. No.	24
I. PLACE OF DEATH- COUNTY - AR UNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Hryrdel
CITY (if outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give OTOWN Haven ON S	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DORSEY Road	ADDRESS Dorsey-Road	
3. NAME OF (First) (Middle) DECRASED + ARRE PFR	(Last) (Month) OF	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birtbday II under Months	l year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [Specify] Diversed [Specify] Diversed [Inpurpart]	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.3. A
Emov 4 Kelbaugh 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	12 INFORMANT AND ADDRESS 1/4	I Ninsmik-No.
(Yes, no, or unknown) (If year, give war or dates of Unknown	mrs. Elizabeth - Farthing - F	ennoalen
18. MEDICAL CE	ertification	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) MYOUK	KRIAL J.NFAKCTION	1 10
Antecedent cause(s)	RTENDOLV	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	1LED AKTERIOSCLEROS	3
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		O Marie and State mention of the state to the state of th
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27 New		
alive on 20 JAN, 195, and that death occurred at	D. D. M., from the causes and on the date str	ated above. DATE SIGNED
Deorge E Tholean MO Co	Smedge 27, md 28	JAN. 57
23. BURIAL CREMATION DATE NAME OF CEMETE SUPERIOR SPECIES Jan. 30-1957 Friendship	Cemetary LOCATION (City, town, or count	Aca Mol.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR 4 W/ 2	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN BASHAVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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« IS RESIDENCE ON A FARM? YES NO DE
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Hours Min.
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PERFORMED?
(State)
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DATE SIGNED
(State)
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DE CONTRACTOR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

115 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

		the state of the s			
1. PLACE OF DEATH		to the visit of th	2. USUAL RESIDENCE (HOME) OF DECEASED	OUNTY
Aime	Arundel	MARYLAND	STATE Marylan	274744 27 MM	ndel
CITY (If outside co	proporate limits, write RUR		0.0	ate limits, write RURAL	
OR give pearest		(in this place)	TOWN KUTAL:	Annapolis, Md.	
HOSPITAL OR	Anne Arundel	General Hospital	ADDRESS A	(If rurat, give foca	islogified for all
STREET ADDRES	s Annapolis, M	aryland /	Meses	wel / Lullman	The more com
3. NAME OF	(First)	(Middle)	(Last	14. DATE (Mon	th) (Day) (Year)
DECEASED (Type or Print)	Louis		LEG G	OF DEATH	L 3 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE inst birthday I	funder I year If under 24 hrs.
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	??	(O yms.)	Months Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work sorking life, even if retired)	10b. Kind of Business on Industry	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
/Barteno	ler	Tavern	West Virg		U. S.
13. FATHER'S NAM	Е		14. MOTHER'S MAIDEN	NAME	
	77		3.2	*	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates	? 16. SOCIAL SECURITY No.	17. INFORMANS AND	Wiseli	Sa
Unknown	service)	1 20 10 -1 -1	- Colonia	VO NOCO CO	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		0 0	ONSET AND DEATH
1 1		The lake malla	10 D - 10 M	ulux	
Immediat	e cause (a)C	ougusta.			
Antereder	nt cause(s)	7/1 a ke	116 40 11	4	- Levely
Diseases or a	conditions, if any, (b)	June 1			
	o the above cause nderlying cause last	1			
	(e) I	ead on arrival at	hospital in am	bulance	
II. OTHER SIGNIFI	CANT CONDITIONS				
	sting to the death but not se or condition causing deat	h			
		FINDINGS OF OPERATION			20. AUTOPSY?
r)					Yes I No No
21. EXTERNAL CA	USE WAS PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (CC	OUNTY) (STATE)
PRIMARY OR CO	NTRIBUTING 🗇 OF	office bldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	While at Not while work at work			
22. I certify that I	took charge of the rema	ins described above, held an A	lutopsy Inspection	, Inquiry thereo	n and from the evidence
oblained by sai	a Autopsy Tespection o	r Inquiry, find that said dece , suicide , homicide ,	asea area on the ary stat	ea aoove, and acain i	in my opinion resaited
SIGNATURE	diases [decident [(Degree or title)	ADDRESS	1-	DATE SIGNED
1		SAL	100	(5 1)	MART
Jun 14	all	(100)	Jones of the same		40/1
24. BURIAL, CREM REMOVAL (Spec	111 / 1 // c	OF NAME OF CEMETE	77 000-	LOCATION (City, town,	- 1 - 1
17unal	/ / whi	\$1 Holy over	Cemelon	11mm my 4	a co ma
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	162	CO BORESS
Jun 7.1	9571 2.1.	Dialla.	1 / Llinar	14 truck	seey Ifreme ma

I NEEVN N. R.

DECEIVED 3 1957

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VS A15 (4) 15M P/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 117

CERTIFICATE OF DEATH

00145 Reg. Dist. No.

	1 PLACE OF DEATH O COUNTY O COUNTY O COUNTY O COUNTY O COUNTY O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE O. STATE D. COUNTY D.	/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Lunakolus C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
, a	d NAME OF HOSPITAL (If not ig heapitol, giver lired address) OR INSTITUTION 43 / Lev are 1243 / 1/er Ave, VES NE	RM?
	3 NAME OF DECEASED (Type or print) RAYMOND COPPELORENZEN DEATH January 3 195	
	S. SEX / 6, COLOR OR/RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In yours IF WINDER 1 YEAR IF UNDER 24	
1	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sigle or foreign country), Lead of working life, even if retired) Diesel Motors North Dakota USA	UNTRY?
	13. FATHER'S NAME James T. Lorenzen Margaret Mc Cory	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT You and you want or doing of services 19 30 - 344 19	
7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chamue Dulmman / Why colors AND DEATH ON SET AND DEATH ON S	EEN ATH
	DUE TO	
	gave rise to immediate cores (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	
2	PANT II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO PERFORME YES NO	ED?
	20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	4
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. p, m. 19 While Not while at work a	(State)
	21. I certify that I attended the deceased from My 1, 1940, to 1, 1937, that I last saw the dec	
	ACTUAL M Class and XXIII MARGARES (Street, city or town, store) ACTUAL M Class and XXIII MARGARES ACTUAL M Class and A Class	SIENED
	PHYSICIAN'S MAURICE F. KLAWANS	4/5
	220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote)	/
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	

DECENTED

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BUREAU V. S.

118 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

	where were the same same same same same same same sam	and a state and and	
	COUNTY DEATH Ounde GARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	2
	OR give nearest topup) (In this place)	CITY (II outside corporate limits, write RURAL and give nes	rest town)
	HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	0.0
	V USTREET ADDRESS 3. NAME OF (First) (Middle)		esa Rol
	S. NAME OF (Middle) DECEASED (Type or Print) Oward Slanding	Civing d. DATE (Mouth) (Da OF DEATH Jan 21	y) (Year) 5 7m
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last withday If under 1 year	r Hunder 24 hm
	10a. USLAL OCCUPATION (Give kind of work tob. Kind of Business or done garing-most of working life, even if retired) a Laduster	BIRTHPLACE (State or foreign country) 12. Cit	MZEN OF WHAT
1	- (Kalines) Morrows	COUN COUN	TRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECRASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
	(Yes, no, or unknown) (If yes, give war of dates of service)	Calhernotoma Riva RI annagar	de mo
	18. MEDICAL CE		
1	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DN DN	SERVAL BETWEEN SERVAL BEATH
}	4 Immediate cause (a) Men te Coron	any the milesis !	200 1 201
	Antecedent cause(s) Diseases or conditions, if any, (b) Community a series in giving rise to the above cause stating the underlying cause last	siates	infilment to
į	H. OTHER SIGNIFICANT CONDITIONS		
ļ	Conditions contributing to the death but not related to the disease or condition causing death.		
f	19a DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY1
	PLACE (Home, farm, factory, street,		es 🗆 No 🖺
	P. JMARY 1 OR CONTRIBUTING TO Office bldg., etc.) OF SE OF DEATH. INJURY	(0000000)	(STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
	22 I . I'm that I took charge of the remain described ober , held an A obtained by said Autopsy, Inspection or Inquiry, find that it wild decent from: natural causes &, accident suicide , homicide SIGNATURE (Degree or title)	read died on the dry stated above, and death in my opin undetermined	the evid residence ion resulted ATE SIGNED
	· · · · · · · · · · · · · · · · · · ·	, , , , ,	M >
	AL ISPORTED PATE THE REOF TAME OF CEM' TEL	RY OR CREMATORY LOCATION (City, town, or county)	(State)
	DA BY DBY LOCAL REGISTRAL'S SIGNATURA	24. FUNERAL DIRECTOR AI	DDRESS
1	1124 153 11 1V Helich	Wel David Home 4210 Belan R	D
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BUREAU V. R.

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BECEINED

1		MAR	YLAND STATE DEPART	MENT OF HEALTH	H-BALTIMORE,	18
18 g	111	160	MEDICAL EXAMINE	R'S CERTIFICAT	TE OF DEATH	Reg. Dist. No.00147
sho id cremit	W.	LACE OF DEATH	MARYLA	n STATES W	There deceased lived. If Institu	ution: Residence before admission)
Page Page burial,		CITY OR TOWN (If outside torporate limit only give rispest flown)	12 BURAL C. LENGTH OF STAY IN	16 c. CITY OR TOWN (IS	outside corporate limits, write	RURAL and give nearest town)
r is nector. es. priar ta	44	NAME OF HOSTITAL OR INSTITUTION	ON (If not in hospital, give street address)	d. STREET ADDRESS	(11. Com	e, is residence on a farm? YES NO
nery delay		IAME OF ECEASED (ype or print) Edwys.	First Modile	Lyisc H	4. DATE Monti	
o the fured for the re-		6. COLOR OR R	- I July	8. DATE OF SIRTH	9 AGE (In years lest brillion) 9 T 4 yrs.	IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours Min.
ond 3 to	1)	USUAL OCCUPATION (Give kind of viring most of working life, even if reti	vork done 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote		12. CUTZEN OF WHAT COUNTRY?
ours off s 1, 2, s may b		PATHER'S NAME	Lisach	14. MOTHER'S MAIDEN N	IAME SUP	(December 1)
ve Page Page !		WAS DECEASED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO.	MFORMANT Me Um 1	Address	677
n PM3.		18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED]	BYı	1	1. 1. 1. 1.	NTERVAL BETWEEN ONSET AND DEATH
in Item vith for ransit p		MMEDIATE CAUS 400, DUE Conditions, if any, which)	TO OB A SECOND	V. seine		Sulen
pencil pencil alang v burial-i		gave rise to immediate couse	(b) (c) (c)		-	
ficate string" in Office ed as a		PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pend miner's		200. EXTERNAL CAUSE WAS PRIMARY DO TO CONTRIBUTING DECAUSE OF DEATH.	206. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part	I or Part II of item 18.)	100 100
the warr lical Exc 3 shou		20c. TIME OF INJURY Month, Day Hour o. m.		PLACE OF INJURY (Home, form, factory, street, office bidg., etc.)	20f. (City or town)	(County) (Stote)
EXAM writing ief Med R: Page		1-1-1	rge of the remains described o	bave, held an Autopsy Suicide , Homicide		Inquiry , and find that
ficate, the Charket		ACTUAL SIGNATURE	Laudt	CHIEF MEDICAL EV		DATE SIGNED
certification of the certifica	,	EXAMINER'S F. L	shoredt	M.D. CHIEF MEDICAL EAST	AL EXAMINER 5	1/2/57
for for FO FI		BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify)	EREOF 22c. NAME OF CEMETERY		22d. LOCATION (City, town, o	or county) (State)
VS. A15ME(5)		UNERAL DIRECTOR'S SIGNATURE	ADDRESS 7737			STRAR'S SIGNATURE
5M 9/55	,	***	7,300	was,		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

162 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE AVILLAGE MARYLAND	STATE MALY And COUNTY Anne Arunder
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside korporate limits, write RURAL and give nearest town) OR
OR and give nearest town) TOWN SIARRY SIDE (In this place)	. Stown Shady Side
HOSPITAL OR	STREET (Ill rural give location)
INSTITUTION OR STREET ADDRESS	# ADDRESS
3. NAME OF (First) Christina (Middle) Lorene	(Lest) Marksherry 4. DATE (Month) (Day) (Year)
(Type or Print) Christina donne (Rose) M.	anksberry BEATH Jan. 4, 1957
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
I complete the second of the s	22, 878 78 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working I fa, even il OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) A+ Home	Dry Ridge Kentucky 1 U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
G60166 (9C6-	Jarah Benson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give war or detes of service)	17. INFORMANT & ADDRESS
(tas, no, or ann.) (it les, give war or occasion solution)	- Mrs A.E. Stallings - Vav
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	1
Due 20	
MINICEPPINI CHOSE(S)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	<i></i>
(c) multiple	metartares
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES \(\text{NO } \text{P}
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED Whila Not while	If. HOW DID INJURY OCCUR?
M. el work et work	
22. I hereby certify that I attended the deceased from Mr. 4	, 19.57., to
alive on, 19.5, and that death occurred at	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Louly H. Mism M.D.	LACTUREN, Med 1-4-57
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or county) (State)
Remal 1/8/57	Williamstown, Kentucky
24. REC'D BY REGISTRAR 10 K GISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE JAIN Ma Belle Sent	Martin W. Arkenato Wash) C
X	

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7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00150
-/	3	163 CERTIFICATE OF DEATH Reg. Dist. N	2.4
	j	1. PLACE OF DEATH O. COUNTY Conne Crundle MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o STATE b. COUNTY Smita	fore admission)
neral be fi		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give regress fown)	learest town)
fer d ne fur hauld		d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE
urs of by †† d 2 st	34	OR INSTITUTION Glen Burnie, Maryland R-F. Do	ON A FARM?
Fill of		(Type or print) DAVID HILTON MARTIN DEATH January 2.	Oay Year 5 1957
d withi		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In yeors H UNDER 1 YE) WIDOWED DIVORCED 7/1 Nov-1873 9 AGE (In yeors H UNDER 1 YE) Months Days	AR IF UNDER 24 HRS. Hours Min.
and camp ban paper or death.	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN Mill Working life, eyen if refired) Lunder Ca. Hamilton, N. Carolina	OF WHAT COUNTRY?
on a corbc after	(1	13. FATHER'S NAME Deceased (unknown) 14. MOTHER'S MAIDEN NAME Deceased (unknown)	.)
certificating physicies remave 72 hours	``	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yet, no. or unknown) (If yes, give wer or dates of service) (Inknown Son - 40, W. Martin - 302 Blomways)	De Bur
death tendii oleose ithin		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	TERVAL BETWEEN NSET AND DEATH
the of hen		IMMEDIATE CAUSE (0) Julia - aballima d'environge	2 days
that by It it. Ti		Conditions, if ony, which) (b) Durdovénd when	5 yez
equires in. signed it perm nd in ar		gove rise to immediate couse (o), stating the under-lying couse tost. Col	10 yrs
ysicic ysicic been trans		PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
The ng phe hose hose burial burial		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	YES NO
The t		200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIB	
PHYSIC of or of this cert r use as ematiar		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. p 19 Of work of	Y) (Slole)
of for oil, or		21. I certify that I attended the deceased from ga 24, 1957, to Jas: 25, 1937, that I last	
TENE The 1		alive on 1257, and that death occurred at \$355M, from the causes and on the d	ate stated above. DATE SIGNED
RECT RECT be d	1	SIGNATURE Hubert F. Managole M.D. 901 Edgerly Rd	an 26, 1951
retain auld stror p	3	PHYSICIAN'S HUBERT F. MAHUZAK Durnie, Ald	
moy be FUN page J		220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOURLE (Specific) Leading Rech., NC.	(Stoté) eralena
VS A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	URE
15M 9/55		Assing liken Burnie, Maylon DATE Jung 1957 & X De ax	

BUREAU V.

DECEINED AND

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 164 **CERTIFICATE OF DEATH** Rea. Dist. No. Filed with director 1. PLACE OF DEATH 2. USUAL RESIDENCE_(Where deceased lived. If institution: Residence_before admission) o. COUNTY b. COUNTY MARYLAND death b. CHY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporale limits, write RURAL and give nearest town) USAL and give neorest lown) NAME OF HOSPITAL (If net in hospito), give street/oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO L OHE 3. NAME OF 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 190 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 9 AGE [In years (bst birthdoy) Months Dovs Hours Min. DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 106 KIND/OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NOF 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (If yes, give war or dates of service) no, or unknown! attending 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 422, DUE TO disease. 10cm any Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? doment & YES NO TO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. m. factory, street, office bldg., etc.) While Not while at work all work p. m. Qan . 5 , 1956 that I last saw the deceased 21. I certify that I attended the deceased fram. . 19 40, to _, and that death accurred at a _____AM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PIG PHYSICIA N'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) (Stole) 5 may (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245 TEGISTRAR'S STGNATURE 240. REC'D BY REGISTRAR 15M 9/SS

SOREAU V. S.

MECEIVED 1957

CERTIFICATE OF DEATH

AL RESIDENCE (HOME) OF DECEASE	B
haryland county Princ	ce deorges '
(If outside corporate fimits, write RURAL and give need Riverdale, Fid. 16.25	rest town)
(If rurel give location) 5411 quintana st.	
4. DATE (Month) OF DEATH Jan 23	(Dey) (Year) 3, 1957 ₁₉
9. AGE test birthday IF UNDER Months Months	1 YEAR IF UNDER 24 HR
CE (Stata or foreign country) 12 'ginia U	COUNTEM?
Annie Mitch	
NFORMANT & ADDRESS (C) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	١٠, .١.
Deedad-	INTERVAL BETWEEN ONSET AND DEATH 2 7m 05 CINCKI CICL
	20 AUTOPSY?
D INJURY OCCUR? (City or town) (Coun	YES NO (State)
INJURY OCCUR?	
A precioe's signature	DATE SIGNED (Siete)
t e	ery Washington D.

INSTRUCTIONS

A15C 1-55 10M

BUREAU Y. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 120 **CERTIFICATE OF DEATH**

00153 Reg. Dist. No.

}		
PLACE OF DEATH O. COUNTY O. MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE 1 VEST Va b. COUNTY 1/10	before admission)
b. CITY OR, TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest lown)
d NAME OF HOSPITALIST got in hospital, give street address) OR INSTITUTION L. L	d STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) + and Cook 9	1) eredith 9. DATE Month 7	Day Year 3 / - 19 57
5. SEXY & COLOR OR RACE 7 MARRIED NEVER MARRIED TEMPER NOWED DIVORCED	8. DATE OF BIRTH 4-24-1916 9 AGE (In years IFUNDER I Months C	YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even of retired)	ISTRY 11. BIRTHPLACE (Stole or foreign country) Mamungton Next Va	EN OF WHAT COUNTRY?
13. FATHER'S NAME Cithur J. Reayton	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 (Yes. no. or unknown) (If yes, give wor or dates of service)	Mrs Pussell Meredith Furr	nont W. Va
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	du	INTERVAL BETWEEN
Conditions, if ony, which & Thoholic (Circhon	?
gave rise to immediate cotse (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 at work ot work	ACE OF INJURY (Hame, farm, 20f. (City or town) (Coctary, street, office bldg., etc.)	unty) (State)
21. I certify that I attended the deceased from 1 2 0/	1 / /	ist saw the deceased
ACTUAL SIGNATURE Frank M. Sluply	ADDRESS (Street, city or lown, state) M.D. 63 College Co	pate signed above. PATE SIGNED
PHYSICIAN'S Frauk M Bhibley	annopola, My	***************************************
220 BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF REMOVAL (Specify) 1-31-57 Throullaw	or CREMATORY Pad LOCATION (City, town, or county) The Cerust Tournstat ?	Lest Vic
23. FUNERAL DIRECTOR'S SIGNATURE La Lano Carrappo	Les Mc 24a. REC'D/BY REGISTRAR 24b. REGISTRAR'S SIGN	IATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUN. ILENCTOR: After this certificate has been signed by the attending physician and completely filly in by the funeral director, page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the registror prior to burial, cremation, ar remaval, and in any eyeft with 72 haurs after death.

VS A15 (4) 15M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) · COUNTY / hne b. COUNTY MARYLAND b. CITY OF FOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) d. NAME OF MOSPITAL (If not in hospital, give street address) e. IS RESIDENCE YES NO TH NAME OF Middle 4. DATE Year Month Day DECEASED OF (Type or print) 19 5 9. AGE In Jears 5. SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FUNDER TYEAR IF UNDER 24 HKS B. DATE OF Months Days WIDOWED DIVORCED | yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cound during most of profiling life, eyen if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2 18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] LONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 4424 DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. II/OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY [Home, farm. | 20f (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a. r. While Not while ot work 🔲 at wark p. m. 21. I certify that I attended the deceased from. that I last saw the deceased and that death accurred at 12:10 M, from the causes and an the date stated abave. ACTUAL SIGNATURE NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/SS

BUREAU V. S.

MINAL MAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

the registrar within 72 hours after death. After this in by the funeral director, the third appy of this

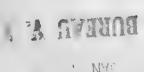
ed within 24 hours after death,

DIEG PHYSICIAH CHI HOSPITAL: The faw requires that the death certificate be and of months on the copy may be retained by the hospital or attending physician.

TO ATT

NSTAUCTIONS

₹ 8	CERTIFICATE	OF DEATH	
death ird op	Items 3,7,11 Film0209 1		-
유민	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
#	COUNTY HIVINE HE VIV YEL MARYLAND	STATE Maryland COUNTY	
hours ctor, if	CITY (If ourside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (If outside corporete limits, write RURAL and give neatest town) OR	
72 hoù director,	(CCC) A DAMINE	TOWN Dundalk STREET (M rural give location)	_
	HOSPITAL OR PLAZA MATHREE HORES STREET ADDRESS CLINIAL ETCENT HOME	- STREET (M rural give location) ADDRESS 270 Delk Ct., Dundalk, Maryland	
	3. NAME OF DECEASED (First) COSES (Middle) ARIASTEAD (Type or Print)	ROY SALE (Month) (Dey) (Yeer) DEATH JEAR 3 105	
registrar by the	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) Separated	P. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 H	
with the filled in mit.	10e USUAL OCCUPATION (Give kind of work and during most of working life, even if the control of industry retired)	11. BIRTHPLACE (Steta or foreign country) Charlott Co., Va.	_
B 스 및	13. FATHER'S NAME William C. Morton	14. MOTHER'S MAIDEN NAME Rachael Williams	_
= 12	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS 17. John Morton - 1714 Laurens St.	
an s	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RETIFICATION RO-VASCULAR INTERVAL BETWEEN ONSET AND DEATH	
hysician	ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO	CIDENT	
ending thed for	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO ARTER (C)	OSELEROSIS.	
requires thine all andi	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	ENERHL	
3 7 11	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO N	
the la uted by should	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)	
s been sembly	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	211, HOW DID INJURY OCCUR?	
been	22. I hereby certify that I attended the deceased from	19 10, to form, 19 77, that I last saw the decease	be
_ ii ii ii		M. from the causes and on the date stated above.	
certi	SIGNATURE LA LA LA LA M.D.	Cleufsurue, Ind. Jon 3,19.	7
certificate death cer	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR BURIAL SPECIFY 1/6/57 Mt. Calvar		
E SY	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	TY Baltimore, Maryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	_
	DATE LINE 1367 & J. Sellbag	Charles R. Law 802 Madison Avenue	-





MECELVED 1957

ENBEVA K 8

VS. A1SME(S) 5M 9/S5 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 00157 Reg. Dist. No. 2/

1. PLACE OF DEATH	Anne Arunde	1	MARY	LAND	2. USUAL RES	Md.		ed lived. If institu b. COUNT		ce before ne Ai		
b City or Town	if aviside corporate limits, write 51.18	RUKAL	c. LENGTH OF STAY	N lb	c. City Of		outside corp	orote limits, write	RURAL ond	give near	est low	n}
	rdour Drive	f not in hos	pilat, give street address)	d. STREET		ardoui	r Drive			ON A	FARM?
3. NAME OF DECEASED (Type or print)	James James		Middle Lee	0s	trander	*	4. DATE OF DEATH	Mont 1.		Doy 17	Ye-	ピフ
5. SEX Male	White	WIDOWE	ries /		Sept. 2	25,195	6	9. AGE (in years test brithday) yrs.	Months 2			R 24 HRS. Min.
10a, USUAL OCCUPATI during most of works INOI16	ON (Give kind of work and life, even if retired)	ione 10b. K	None	NOUSTR	Y 11. BIRTHPL Anna	ACE (Stote apolis	or foreign co	yland		en of v USA	VHAT C	OUNTRY
13. FATHER'S NAME Donald	Richard O	strand	ler		14. MOTHER'S FY		Ann I	Dunn	,			
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO.	1	rormant nald R.	Ostr	ander	Address #2				
Conditions, if a gove rise to imme (a), stoling the couse lost.	diote couse	Int	terstitial j	pneu	monitis	3				ONSET A	NO DEAT	N
CATIC	HER SIGNIFICANT CONE								EN IN PART		PERFOR	MED?
1 - 1	USE WAS INTRIBUTING []	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of in	ijury in Port	Tor Port II o	of item 18.)				
ZOC. TIME OF INJU	RY Month, Day, Yeo	While		e. PLAC focto	E OF INJURY (I ry, street, office	Home, form bldg., etc.)	. 20f. (City	or town)	(Coun	ty)		(Stota)
	hat I took charge I front: <u>Natural</u>							spection [], determined o		<u> </u>	and ()	nd tha
ACTUAL SIGNATURE C	Ullian .	1) 800	u XX		.M.D. CHIEF N		AMINER AL EXAMINER	· [X]		D	ATE SIG	GBMS
EXAMINER'S NAME (Type)	Willia		Lovitt, Jr		. D.DEPUTY					1,	/17/	/57
220. BUR AL, CREMATIC REMOVAL (Specify	1-18-57	f	22c. NAME OF CEMETE Arlington					ington		irgir	(Stote) 112	
23. FUNERAL DIRECTOR John .vl.	rs signature Tay Lor and	Sons	Annapolis,	Nia	ryland	24a. REC'E	BY REGISTED	AR 24b. REGA	TRAR'S SIGN	VATUSE		1

EUREAU V. E.

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BECEINED

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VS A1S (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00158

122	CERTIFICATE	OF DEATH
		THAT DECIDENCE ON

Reg. Dist. No.

		PLACE OF DEATH O. COUNTY O.	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	ľ	HONE HRUNDEL MARYLAND	STATE MARY LAND, COUNTY
	t	b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. RORAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		HUNDOCHIS	? Kiua
		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	STREET ADDRESS e. IS RESIDENCE ON A FARM?
		TNUE HRUNDEL GENERAL HOSE	YES NOTES
		NAME OF First Middle	Lasi 4. DATE Month Day Year
		(Type or print) HOWARD B, Pa	LHER DEATH / 8 1957
	5 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATI	P. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
	1	MALE WHITE WIDOWED DIVORCED 7-	-29-1879 (ost pirthday) Months Days Hours Min.
	10a	0g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		JUBACCO FARM FARMER	OH10 4.5
	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME
		LUTHER H. YALMER	JARAH JANE VISCHER
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORM Yes, no or unknown] (If yes, give wor or dates of service)	Address ##
		TIRS	LELLA LEATHERBURY 2
		18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSE'S AND DEATH
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) UC. // WMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	Idlmer 1/2/2.
		422.1 DUE TO 1 +	. A 1: 11 A N 100
		Canditions, if any, which) (b) M Misso Clifoth	c (andro l'ascular plistage po.
		gave rise to immediate cose (o), stoling the under.	
	,	lying cause lost.) (c)	
-	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ed .	FICA	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. [Enter	YES NO YES NO
	ERT	OR CONTRIBUTING [] CAUSE OF DEATH	a majore of imprey in voil 1 of voil 15 of field (25)
			INJURY (Home, Farm, 28f. (City or town) (County) (State)
	MEDICAL	Hour a.m. While Not while factory, st	reet, affice bidg., etc.)
	¥	1-13 6	
		21. I certify that/I attended the deceased from 124-4	195 Le, to 1927, that I last saw the deceased
		alive on 125 , and that death occu	rred at \$4.4520, M, from the causes and an the date stated above. ADDRESS (Street, city or town Atote) DATE AIGNED
		ACTUAL MARINE TRANS	21 Complete Street, City or town, store) DATES (GNED
h		SIGNATURE M.D	of santy we are supply if the
		PHYSICIAN'S MAURICE - KLAWANS	
	220	120. BURIAL, CREMATION, 226. DATE THEREOF 225 NAME OF CEMETERY OR CREM	ATORY 22d LOCATION (City, town, or county) (Stote)
*	1	BURIAL /- 12-57 EDWARDS C	PAPEL HOUSA DOLIS MO-
	23.	3. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 700 (240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
(7	the M. Toy for + cons Uniopoles, Ma	· DATE //5/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SECETAEN STATE

BUREAU V. S.

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) anne Arundel o. STATE Maryland b. COUNTY Howard filed MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give negrest town) pluods 2mos.20 days Jessups / . / ... d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
Crownsville State Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #1. Box 269 YES I NO I NAME OF Middle DATE Month Day Year DECEASED (Type or print) Martha Phillips DEATH 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Negro Female WIDOWED TO DIVORCED | Not given YES. 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Unknown U.S. Not listed Unknown 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME physician Beckie Dansic Robert Dansic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CrownsViile State Hospital Hospital Records attending Unk. Crownsville, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic Fneumonia **DUE TO** Cerebrovascular Accident Conditions, if any, which perm gove rise to immediate DUE TO cause (a), stating the underlying cause last. [1,2,2] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19 WAS AUTOPSY Arteriosclerotic cardiovascular disease and Senility PERFORMED? YES NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour c. p. factory, street, office bldg., etc.) While Not while at work p. m. at work 🔲 19 57 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 4:45 PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL Crownsville, Md. PHYSICIAN'S NAME (Type) Lionel McHenry Mapp, 220. BURIAL, CREMATION, LZb. DATE THEREOF 22c. NAME OF GEMETERY OF CREMATORY 22d LOCATION (Criss 23. FUNERAL PIRECTOR'S GNATURE ADDRESS 24a. REC'D BY REGISTEAR 246 REGISTBAR'S SIGNATUR 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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direction		O. COUNTY ANNE Arundel, MARYLAND STATE MD. B. COUNTY A. A.
the col		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
The state of the s	-	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS: e. IS RESIDENCE ON A FARM?
by H	` .	Sanns Nursing Home.
24 ho	3.	NAME OF DECEASED (Type or print) Henrietta Middle Porte DEATH () 3 M. 1957
ithin Ily fill Pages	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19 AGE (10) PROFES IF UNDER 1 YEAR IF UNDER 24 HRS.
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or other	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. st. While Not while Not while Stote)
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ATTEN by the by the deta deta to bu		ADDRESS (Street, city of form, store) DATE SIGNED
DIRECT Prior		SEVESIVA DE POLICIO SEVESIVA O BIR MILITA.
stro.		PHYSICIAN'S Robert R. Hahy. MD.
HOSI oy by FUNE age 1	22	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22d. LOCATION (City, town, or county) (Stote)
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and 2			Mountair		<u></u>			intain					□ NO 💽
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buria		alive an	mary 2	<u>, 19.</u> _	2.7_, and that	death	occurred a			the causes		date st	
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60 C	22	PURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(s	itate)
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PACE OF DEATH PACE OF DEATH AND ARUNDEL BURLA and give receased lived. If multipulous: Residence believed and inition of the COUNTY ANNE ARUNDEL B. CITY OR FORM (Fe chinds corporate limits, write C. LENGTH OF STAY IN 16 C. LENGTH OF STAY IN 16	1		MA	RYL	AND	STATE DE	PART/	MEN	IT OF HEALT	H-BA	LTIM	ORE, 1	8			
D. CHIT OR TOWN of control corporate limits, write and the control of the control			· •	4	71	CE	RTIFIC	AT	E OF DEAT	H			Reg. Di		165)
b. CITY OR TOWN of counted corporate limits, write a class of the property of the country of the	1 PLACE (NTY	ARUNDEL			A	MARYLAND	2.	USUAL RESIDENCE OF O. STATE MARY LAT	Where dece						an)
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DECEASED COLOR OF RACE TWING RUBIN SEATH TWING RUBIN TWING TWING	d. NAM	E OF HOSPITA	AL (If not in hasp	itol, giv	e street (/	r AVEN	WE,	BOX 1	LR		ON A	FARM?
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If yes, give you're of dates of terrice) MRS. SEIMA ZEIKIND, 67 DEPTE PLACE, BERKELEY H IB. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. MYOCARDIAL Infarct with Heart Failure INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS AND DEATH 6 MONTHS AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PERFORMED? YES AND DEATH 8 DIT NOT RELATED			Simon	Ru	bin				Sarah	Stor	ick					
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	gove count lying	ditions, if an rise to in (a), stating t cause lost.	y, which had been been been been been been been bee	{b}_ UE 7O {c}_	ITIONS (ONTERRUTING TO	O CEATH B	UI NO	T DELATER TO THE TEO	MINAL DISE	ASE CON	ADITION GIV	ENI INI PAI	DT 1(a) 19	L ZAW I	шторсу
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	FICATIO	***													PERFQ	RMED?
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olive on 5. Cam 19.5.7, and that death occurred at 1:1.5 A M fram the causes and on the date stated abave. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or lown, state) DATE SIGNED M.D. U. S. ARMY HOSPITAL, FGGM, Md. 7 Jan 57 PHYSICIAN'S NAME (Type) JOHN F. MCDONNELL 220. BURIAL CREMATION. REMOVAL (Specify) REMOVAL (Specify) DIPTION Old Montefiore Cametery Queens Connety New York	20c. TI	Hour o. js.	Month, Day		While	Not while_	204.	PLACE factory	OF INJURY (Home, for, street, affice bldg., e	rm, 20f. (0 Hc.)	City or to	wn)	((County)		(Stote)
REMOVAL (Specify) Burial Glan 57 Old Montefiore Cametery Queens Conney New York	ACTU/ SIGN/ PHYSE NAME	AL LYURE CLAN'S (Type)	ohn 7	/(CDO	12.5 Mc.	Vorme	1		curred of 1:15	A M fr	am the	city or town,	nd on t	the date	e state DA	d abave.
23. FUNERAL DIRECTOR'S SIGNATURE 1/20 REC'D BY REGISTRAR 1/20 REC'D BY REC'	REMO Bu	VAL (Specify)	9 Jar	.0	5 .	Old Mon		re	Cometery	Qu	een	5 Conn	dy.		of k)
I J MORRIS, INC, 9701 Church Avenue, Brooklyn, DATE 7 Jan 57 W.L.SAYLOR, IST LT. MSC				701	Chu	1122	ue. B		1-1			15/	THO	Jel.	1	m 3870

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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00167 Reg. Dist. No. e. IS RESIDENCE ON A FARM YES T NO DE Month Dov Year 19 € IF UNDER 1 YEAR IF UNDER 24 HRS Months Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(County)

(State)

(State)

REMOVAL (Specify)

220. BUR AL CREMATION. 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d LOZATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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7			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1			CERTIFICATE OF DEATH Reg. Dist. No. 21
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funeral	×		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
urs ofter by the id 2 shot	А		d NAME OF HOSP TAL IT mile in hospital, give street address) OR INSTITUTION LEGIC OV. 205 Chester adve, VES NOT
ill es			NAME OF DECEASED (Type or print) ALEXANDER Middle Shaw DEATH DEATH 1957
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certific ig physic remove 72 hour	``	15 {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address Address Address Address
death otter lin			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH
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igned l			Conditions, if any, which gave rise to immediate coess (a), stating the under-
physician. s barn si oftransit oval, and	0	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
ending foote 8 the bur ar rem		CERTIF	200 ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC of ar ath his certi- use as		MEDICAL	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED While Not while of work of w
hospite After thed for riot, cre			21. I certify that I attended the deceased from 1-2-1, 19, to 1-1/1, 19, that I last saw the deceased alive on 1-1, 19, and that death occurred at 3, from the causes and on the date stated above.
ATTEN by the CTOR: e defact r to bu			ACTUAL ADDRESS/(Sireet, city or town, stole) DATE SIGNED 1-1
AL OR Joined DIRE auld by	1		PHYSICIAN'S A T A LLENY Convoyely Ond
HOSPITAL moy be gglo FUN page Cou		22	BURTAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
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15M 9/55	1	2	Villiam & Else H Connaralistio DATE Wine of French

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24 death. offar 220. BURIAL CREMATION, 226. DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY Maryland b. COUNTY Anne Arundel MARYLAND Baltimore City b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Le Amonths25days Baltimore City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Crownsville State Hospital ON A FARM? 556 Oxford Street YES TO NO TO **First** Middle 4. DATE Year DECEASED Sheridan Tsaac DEATH (Type or print) 10 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX B. DATE OF SIRTH 9. AGE (In years last, birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Male Negro 60? yrs WIDOWED | DIVORCED [7] Not given 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Not given U.S. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Not given Not given Crownsville State Hospital 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Unk. Unk. Hospital Records Crownayille Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) Cardiac agrest **DUE TO** Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stating the under-Cerebral atrophy lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Cerebro-spinal sypnilis YES NO 1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [Countr) (Stote) Hour e. r. foctory, street, office bldg., etc.) While Not while at work at work p. m. 19.57, that I last saw the deceased 21. I certify that I attended the deceased from,

57___, and that death occurred at 4:25p.M, fram the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Crownsville, Maryland

PHYSICIAN'S NAME (Type) Ludwig Benedict.

> 22c. NAME OF CEMETERY OR CREMATORY National Cemetery

22d. LOCATION (City, town, or county) Baltimore

(State) Maryland

23, EUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Buri a.

ADDRESS

424a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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-/	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	1171
K	2 179 CERTIFICATE OF DEATH Reg. Dist. No.	73
X	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased fived if institution: Residence before or o. STATE b. COUNTY A.A.	dmission)
×	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Linthicum Hgts.	town)
	d. NAME OF HOSPITAL (it not in hospital, give street address) OF INSTITUTION OF INSTITUTION OF INSTITUTION OF INSTITUTION	S RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) Will Inchan Sinclair Death Day	Yeor 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) WIDOWED DIVORCED 9/28/96 9 AGE (In years lost birthdoy) Months Days Ho	UNDER 24 HRS.
	100. USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF W. 12 CITIZEN OF W. 24 CLARACT 12 CITIZEN OF W. 25 CLARACT 12 CITIZEN OF W. 26 CLARACT 13 CLARACT 14 CLARACT 15 CLARACT 16 CLARACT 17 CLARACT 18 CLARACT 18 CLARACT 19 CLARACT 10 CLARACT 10 CLARACT 10 CLARACT 11 CLARACT 11 CLARACT 12 CLARACT 13 CLARACT 14 CLARACT 15 CLARACT 16 CLARACT 17 CLARACT 18 CLARACT 18 CLARACT 19 CLARACT 19 CLARACT 10 CLARACT 10 CLARACT 10 CLARACT 10 CLARACT 10 CLARACT 11 CLARACT 11 CLARACT 11 CLARACT 11 CLARACT 12 CLARACT 13 CLARACT 14 CLARACT 15 CLARACT 16 CLARACT 17 CLARACT 18	HAT COUNTRY
	Hugh M. Sinclais "Mary &	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [Yai, no, or proknown] [If yes, give wor or detas of service] 214-(3-2278 Christive Linclair.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CAY die Vascules Disease INTERV.	AL BETWEEN AND DEATH
	422.2 DUE TO Conditions, if ony, which) (b)	
	gave rise to immediate coese (a), stating the under lying couse last.	
ر،		VAS AUTOPSY ERFORMED? S NO DY
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Not while of work o	(State)
	21. I certify that I attended the deceased from fem., 1936, to 1457, 19, that I last saw alive on 1457, 19, and that death accurred at 0 P.M. from the causes and an the date s	
,	ACTUAL Chas. L. Ball J. M.D. Linthicean med	DATE SIGNE
	PHYSICIAN'S NAME (Type) Dr. Charles L. Ball. Jr. Linthicum, Md.	4i-f
	220. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) REMOVAL (Specify) Rurial 1/8/57 Glen Haven Cemetery Glen Bernie AA Co.	(Stote)
X	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FORTHUR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
	1AN 1.0 1957	B

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HOSPITAL VS A15 (4)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? Month Day Year January 19 57 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? U.S. Address U.S. Naval Hospital, Annapolis, INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🔲 NO 🗗 (County) (State) 21. I certify that I attended the deceased from 12 January, 1957, to 13 January 957, that I lost saw the deceased and that death accurred at 715AM, from the causes and an the date stated above. U.S. NAVAL HUL ITAL, MUNA VOID L.L. (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY/REGISTRAR 245. REGISTRAR'S SIGNATURE TAYLOR DATE 2017232*1

Reg. Dist. No.

WEGELV LUI

BUREAU V. S.

CEDTICICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Anne Arnudel MARYLAND STATE Maryland COUNTY Beltimore STATE Maryland COUNTY Beltimore CITY (If outside corporate limits, write RURAL and give neetest town) OR and give neetest town) TOWN FOR theo. G. Meade HOSPITAL OR INSTITUTION OR STREET ADDRESS GEORGE G Meade, Maryland 3. NAME OF (First) DECEASED (Type or Pirst) SMITH MAE SMITH DEATH January 19 19 57 5. SEX 6. COLOR OR RACE Female White (Specify) in Addie) White SMITH DEATH P. AGE lest birthdey Widowed, Divorced, (Specify) in Adowed, Specify in It. BIRTHPLACE (State or foreign country) 10. USUAL OCCUPATION (Give kind of work in Specify in Adowed) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Address 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS
CITY (If outside corporate limits, write RURAL or give neerest town) OR and give neerest town) OR and give neerest town) TOWN FORT (100.0 G. Meade HOSPITAL OR US Army Hospital, Fort INSTITUTION OR STREET ADDRESS George G Meade, Maryland 3. NAME OF DECEASED (Type or Print) Female OR Meade TOWN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore If rurel give focation] If rurel give focation] (If rurel give focation] (In part (Month) (Dey) (Yeer) OF DECEASED FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR Months Days Hours Min. OR DRIVEN Baltimore CITY (If outside corporate limits, write RURAL and give neerest town) OR DRIVEN Baltimore If rurel give focation] ADDRESS 610 Cathedral Street ADDRESS 610 Cathedral Street If under 1 Year If under 2 Year I
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HOSPITAL OR INSTITUTION OR STREET ADDRESS GOORGE G Meade, Maryland 3. NAME OF DECEASED (First) FOR MAE MAE MAE MAE MAE MAE MAE MAE
HOSPITAL OR INSTITUTION OR STREET ADDRESS GOORGE G Meade, Maryland 3. NAME OF DECEASED (First) FOR MAE MAE MAE MAE MAE MAE MAE MAE
INSTITUTION OF STREET ADDRESS GOORGE G Meade, Maryland 3. NAME OF DECEASED (First) (Middle) (Lest) 4. DATE (Month) (Dey) (Yeer) DECEASED (Type or Print) EVA MAE SMITH 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed July 7. 1911 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Forces) (Specify) widowed July 7. 1911 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Forces) (Specify) widowed Security Adm. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Forces) (Specify) widowed Security Adm. 10f. MIND OF BUSINESS (MIND OF BUSINESS) (P. INDUSTRY) (P
The second of th
Type or Print) EVA MAE SMITH DEATH January 19 19 7 SINGLE, MARRIED, WIDOWED, DIYORCED, Specify Widowed July 7, 1911 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Let Social Security Adm. 10- White SMITH P. AGE lest birthdey If UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min. 10- USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Let Social Security Adm. 11- BIRTHPLACE (Stele or foreign country) Bedtord, Indiana 12- CITIZEN OF WHAT COUNTRY? Bedtord, Indiana 13. FATHER'S NAME Limer Head 14. MOTHER'S MAIDEN NAME Limer Head 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Rt. 1 Box 10
Female White Specify widowed July 7, 1911 45 yrs. Months Deys Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Lerk Social Security Adm. 10b. KIND OF BUSINESS OR INDUSTRY, Bedford, Indiana 11c. CITIZEN OF WHAT COUNTRY? 11d. MOTHER'S MAIDEN NAME Limer Head 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Rt. 1 Box 10
10e. USUAL OCCUPATION (Give kind of work done during good of working life, even if OR INDUSTRY relified) (Lerk Social Security Adm. Bedford, Indiana 13. FATHER'S NAME Limer Head 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Rt. 1 Box 10
10b. RIND OF BUSINESS OR INDUSTRY Bedford, Indiana 11. BIRTHPLACE (Stelle or foreign country) 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Country Country
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Limer Head 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Rt 1 Box 10
13. FATHER'S NAME Limer Head Grace Grey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Rt 1 Box 10
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS / 1 Box 10
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS / 1 Box 10
(Nes no or work) (W.Ves give wer or detected appropriate to the control of the co
(17 yes, give wer or deles of service) Lt. Thomas E. Smith, Finksburg, Ma
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Sarcomatosis, disseminated
IMMEDIATE CAUSE (A)
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE BUT TO
STATING UNDERLYING CAUSE LAST. OUT TO
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES NO A
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc) [If EITHER, NOTIFY MEDICAL EXAMINER] [If EITHER, NOTIFY MEDICAL EXAMINER]
21d, TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OCCURED 21f, HOW DID INJURY OCCUR? White Store of work 1
AD 5 1 F/ 10 1
22. I hereby certify that I attended the deceased from 28 December 50 , 129 January , 1957 , that I last saw the deceased
alive on. 19.5.7
At a aline M.D. US Army Hospital, Fort George G Meade, Md.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 11/1/1957 Druid Bidge Cemetery Baltimre, Maryland
24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS'
DATE 21 Jan 57 W. L. SAYLOR, 1/Lt MSC Leonard J. Ruck 5305 Harford Road.

INSTRUCTIONS

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DECENTED TO

within 24

BUREAU V. S.

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DECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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103	C	403	1
rtificate shæuld bill executed within 24 haurs after death. If any delay is ne	nding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directo	's Office along with farm PM3. Page 5 may be retained far y	1
b	- D	Ndo Non	1
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5	M 9/55

	MARYLAN	ND STAT	TE DEPART	MEI	NT OF HEA	ALTH	-BAI	TIMORE,	18			
	1M50	ICAL E	XAMINE	R'S	CERTIFIC	CAT	E OF	DEATH	Reg. Dist.	No. 04)	176	
1.	1. PLACE OF DEATH o. COUNTY Arme Arundel MARYLAND 2 USUAL RESIDENCE (Where deceased lived if Institution: Residence o. STATEMENT and b. COUNTY Arme Area											
	b. CITY OR TOWN faultide corporate limits, write RUS and give nearest lawn)	WN (If o	outside corp	orote limits, write								
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS									e. IS 1	RESIDENCE A FARM?	
1	DOA Anne Arundel G.ner	ral Hos	pital		Defenc			r		YES [□ № 🔼	
3	NAME OF First DECEASED (Type or print) WILLIAM	R	Middle SP.	NG	Lost Lift	ľ	OF DEATH	J ANUA			Year 19 57	
	SEX 6. COLOR OR RACE 7. White w	MARRIED [DIVORCED		un= 19,	1892		9. AGE (In years last birthday)	Months Day		Min.	
10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Laborer	106. KIND C	of BUSINESS OR IN					ountry) nia	12. CITIZEN		COUNTRY?	
1;	3. FATHER'S NAME				14. MOTHER'S MAI							
	Jefferson D. Spence	er			Merga	ret	Spenc	er				
	S. WAS DECEASED EVER IN U. S. ARMED FORCES as, no. or unknown) Yes WW I	Cs)	15 SECURITY NO. 10-12-6422		ormant 's Lora V	. 01	Dell-	Address - Sister-	same a	5 # 2		
	PART I. DEATH (Enter only one cause p PART I. DEATH WAS CAUSED 8Y; IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate cause [a], storing the underlying couse lost. [c]	Fract			Fracture to ches		rvica	1 Spine,	C	NYERVAL BETW INSET AND DE	ATH	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION Gompound Fre 200. EXTERNAL CAUSE WAS 20b. D PRIMARY CLOCK CONTRIBUTING C	ecture		Tib	ia and F	ibu]	2		EN IN PART I(c	19, WAS PERFO YES [AUTOPSY DRMED?	
_	314	as stru	ck by aut	0 W	hile wal	king	on r	oad				
MEDICAL		While of work	at work 🔯 🖪	tactor t 4	y, street, office bldg ,50	g., etc.)	Gar	brills,		und el		
	21. I certify that I took charge of the remains described obove, held on Autopsy, Inspection A, Inquiry A, and find that death resulted from: Notural course, Accident A, Suicide, Homicide, Undetermined course ACTUAL											
	Burial (REMATION, 22b. DATE THEREOF Burial Jan. 4, 19	22c. N 57 Na	tional Co		REMATORY		Anner	NON (City, town, o	ryland	(510	te}	
23	TUPPING FURTHER E		olis, Md.		240 DA	13 15 1	BY REGIST	1957	mar's signa	Fren	cha	

BECEINED

BUREAU V. S.

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	126 CERTIFICATE OF DEATH Reg. Dist. No. 2/
1.	PLACE OF DEATH a. COUNTY A COU
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL (and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL MINDS IN hospital, give street address) op Histitution ON A FARM? YES NO P
3	NAME OF DECEASED (Type or print) Per Print Middle Lost 4. DATE Month Day Year OF DEATH STANS DUFF DEATH 1957
	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years igst birthday) Months Days Hours Min
100	2. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foseign country) Couring most of working the even it retired) With Severy Rubberty Warry and II. S. A.
13	Lery Stansbury Farriett Harriod
Y5.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ay Maturity, Cutviculute conditional Chiraly Lf 1/3 X DUE TO Conditions, If any, which) (b)
L	gave rise to immediate couse (o), stating the under-lying cause last. DUE TO
U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO } \ightarrow \text{ NO } \text{ NO } \ightarrow \text{ NO } \text{ NO } \ightarrow \text{ NO } \text{ NO } \ightarrow \text{ NO } \ightarrow \text{ NO } \ightarrow \text{ NO } \ightarrow \text{ NO } NO
L CERTIF	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year Howr a. st 19 While Not while of work at work a
	21. I certify that I attended the deceased from 1/12, 19.52, to 1/12, 19.52, that I last saw the deceased alive on 1/12, 19.52, and that death occurred at 10.52 M, from the causes and on the date stated above.
	ACTUAL SIGNATURE A CHU (Redwer MD. 90 Certurdist St. 1/18/5)
	PHYSICIAN'S Cluvepilis, Mcl.
1	ABORTHAL CREMATION, 22b. DATE THEREOF 22c MAKE OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) FEMOVAL ESPECIAL CONTROL (City, town, or county) (State) FINESAL DIRECTOR'S FIGURATION.
23.	Nilliam Klesie, II- Unicepales MA DATE 2400 REGISTRAY'S SIGNATURE of Milliam Klesie, II- Unicepales MA DATE
	MEDICAL CERTIFICATION

EUREAU V. S.

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BECEINED

1,	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 178
(N)	183 CERTIFICATE OF DEATH Reg. Dist. No. 25
director	1. PLACE OF DEATH G. COUNTY A. N.E. A. RUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE A. D. COUNTY A. A. C. COUNTY A. A. C.
Id be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) 15 Review Rural Parell 15 VRS. The old LVM PARE
by the f	d. NAME OF HOSPITAL (It not in hospital, give street address) OR INSTITUTION OR INSTITUTION ON A FARM? YES NO DE.
u ouo	3 NAME OF DECEASED (Type or print) STEPHEN SVNOUSK(DEATH TON 4 1957
pletely f	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 16. LT 15. 1876 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min
dob date	10a. USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLARE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? SUGAR BOLLER. AMER SUGAR AMER S
physician and maye carban haurs after de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. KNOWN 18. KNOWN
ing physics remains 172 haur	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes, give wor or defea of service) Address Address Address Address
the attendi	18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO
igned by the permit. I in only ev	Conditions, if any, which gove rise to immediate cause (a), stating the under-
as been sid-transitional covol, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO
ficate h the bur	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
his certi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. Hour a. m. 19 Of work all work
After the forming control of cont	21. I certify that I attended the deceased fram 15, 1956 to 4, 1967, that I last saw the deceased alive an 19, and that death accurred at 850PM, from the causes and an the date stated above.
be deto	ACTUAL Signature Dubi M.D. 203 (stoples are but 25/1/4)
pino roug	PHYSICIAN'S SAMUEL RUBIN MY Bellene 12
page the regi	220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Sidie) REMOVAL (Specify) JAN. 7, 1957 (JOLY C12035 CL) ANT. ANT. ANT. ANT. ANT.
A15 (4) M 9/5S	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S
	3

BUREAU V. S.

DECEDAR!

d within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this

m copy may be retained by the hospital or attending physician.

TO AT The U

a burial transit permit.

Parent 64

death certificate assembly should be detached for

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Iter & 7,13,1/1 Pt1m0210 1-29-57 et CERTIFICATE OF DEATH

	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY FALE ALL TO MARYLAND	STATE COUNTY						
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give necrest town)						
	OR end giv neerest town) (In this place)	JOHN JOAN ST						
		The state of the s						
-	HOSPITAL OR INSTITUTION OR	/ STREET (If rurel give location) ADDRESS						
	STREET ADDRESS							
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)						
	(Type or Print)	DEATH OF 14/ 16/						
	John of							
	5. SEX 6. CO.OR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.						
	(Specify) Separated	yrs. Womins Days Hoors William						
ı	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT						
11	done during most of working life, even If OR INDUSTRY	COUNTRY?						
	relired)	L'ALT. 174						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
- 1	Unknown	Formic Formata						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	I Fannie Bonnett						
	(Yes, no, or unk.) (If Yes, give wer or dates of service)	es por 1 / 12 long in the						
)	214-12-41	TAPPY 1. 20 KAL						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH						
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
۸,	IMMEDIATE CAUSE (A) SCUL IT WENT	Mary Ederma & Kremia 36 lm.						
	ANTECEDENT CAUSE(S) DUE TO	1 + 3,70						
	DISEASES OR CONDITIONS, IF ANY. (B) (CLUB TOTAL TIER C	uty accident 30 th						
w P	GIVING RISE TO THE ABOVE CAUSE DUE TO THE STATING UNDERLYING CAUSE LAST. DUE TO	, b						
	10 artirozele	rower general and						
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
• }		YES NO Z						
		Tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	ϵ						
	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	21f, HOW DID INJURY OCCUR?						
	M. et work of et work							
		1/1/1/23						
		19.5.7., to						
П	alive on 19 5 7 19 and that death occurred at	2.55 7.M, from the causes and on the date stated above.						
ξ	SIGNATURE A / /	ADDRESS (Street, city, town, state) DATE SIGNED						
2	Frank 1/2 St. 48 2 406	Butters Um Bundsley 1/15/2						
	23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stele)						
ပ္က	REMOVAL (SPECIFY)	111 1 5 . 11 1 . 5 . 1						
₹	police of the of disciple	trafic - 12. Le uch in 11-6						
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
	DATE / 22/57	Sixxuare at tax						
-	No. of the second secon							

BUREAU V. S.

DECEINED INVI

27

CERTIFICATE OF DEATH

. 181			R	eg. Dist. No.	
1. PLACE OF DEATH	<u> </u>	2. Entitle interior	MEE HIDNES CO'R	THEATEN	
COUNTY Anne Arundel	MARYLAND		Land COUNTY	and a	
CITY (If outside corporete limits, write RURAL OR end give neerest lown)	LENGTH OF STA (in this place)	Y CITY (it outside co	porete limits, write RURAL e	nd give nearest low	m)
TOWN Fort Geroge G. Me		W. W. L.	more	<i>\$</i>	
HOSPITAL OR		STREET	(If rurel giv	re location)	
INSTITUTION OR STREET ADDRESS TT S APPR	nv Hospital		Hanlon Avenu	10	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Mor		(Year)
(Type or Print)	3.000 V3.77 A	miles and	OF DEATH	r	0/ 10 -5
ANGLA	MARTA NGLE, MARRIED, 8.	THOMAS DATE OF BIRTH	9. AGE lest birthday	I IF UNDER YEAR	26 19 57 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
RACE	IDOWED, DIVORCED.		7. 700 1031 011111003	Months Days	
Female Negro (5 January 1957	ун.		1 12 126
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele or Id	reign country)		ZEN OF WHAT
retired) None	None	Maryland		U	SA
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
James William Thomas	3	Amel	La Maria Kell	Lv	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY			, 3012 H	anlon
(Yes, no, or unk.) [(if Yes, give wer or dates of se	None None	Amenue .	Baltimore, Md		
	18, MEDICA	L CERTIFICATION	THE VALUE OF THE	I IN	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	1000	xla		9	NSET AND DEATH
IMMEDIATE CAUSE (A)	HRCXIC	7		- 9	2 1050 20 1
ANTECEDENT CAUSE(S) DUE TO	a / Atelec	tisja .		1	2 64 7/1
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	7766146	(4)/)			ISFS SCEGIL
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG Atresia of	rectum?? Conse	atal heark	isease	12/1 3/
TO THE DEATH BUT NOT RELATED TO THE	Atrosia	of bocition 196	ncenetal He		12Hrs 264
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJO	IR FINDINGS OF OPERATION	i cocumit,	1		20, AUTOPSY?
The state of the s	THE PERSON OF THE PERSON	•			ES NO
210. ACCIDENT WAS UNDERLYING 216.	PLACE (Home, ferm, factory,	21c. WHERE DID INJURY OCI	UR? (City or lown)	(County)	(Stele)
OR CONTRIBUTING CAUSE OF DEATH OF IN	JURY street, office bidg., etc.)				
21d. TIME OF INJURY (Month) (Dey) (Year)	(Hour) 21e, INJURY OCCURRED		CUR?		
	M. at work at work				
22. I hereby certify that I attended	the deceased from 2.5	19.5.7, 10.2	6 Jan. 19.5.	2, that I last s	aw the deceased
		irred at 11:3579M, from the	1/		
	MCGUANE, CAPT,		DRESS (Street, city, tow	m, slete)	DATE SIGNED
Broke of his ha	China at M	D. 2101-151:10	AH FILL	orte AVI	1526 Nan 5
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEME	TERY OR CREMATORY	LOCATION (City, low	n, or county)	(Stele)
REMOVAL (SPECIFY) RUMINAT Feb		re National Cemer	terr Bolts	imore, Md	-
24. REC'D BY REGISTRAR L REGISTRAR'S	SIGHSATURE /	25 FUNERAL DIRECTOR	SIGNATURE .	ADDRE	SS
	SAYLOR, IST LT.	1 11 1 2 2 2 2 1	- of thelles		Ma
DATE 28 Jan 57 W. L. S	6 TITL TOTE 611 CONTEST	TARLINGTON S.	PHILLIPS. B	altimore	, Mill .

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The borrom copy may be retained by the hospital or attending physician.

A15C 1-55 10M **

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BUNEAU V. &

Reg. Dist. No. 27

PRACE OF DEATH O. COUNT AND ATUMO I. MARYLAND O. COUNT AND ATUMO I. DETTY OF TOWN (It outled experted fimits, write I all the County of Town (It outled experted fimits, write I all the County I all the Coun	- E				(1491 -1111 11	01 PC-32				
REAL and gove direct flower) Annapolis Annapolis A STREET ADDRESS A STREET ADDRE	1	o. COUNTY								
Anna polis d. NAME OF HOSTIAL (if no in hospital, give sinet oddres) G. NAME OF HOSTIAL (if no in hospital, give sinet oddres) G. NAME OF HOSTIAL (if no in hospital, give sinet oddres) A. Randall Street A. Randall Str	1		LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
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18 CAUSE OF DEATH Enter only one cause per line for (o), (b), opd (c).	П		ne Wi	lliam J. Tho	moson Jr. Son Same	#S # 2				
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21. I certify that I attended the deceased from	1	Haur o. m. 19 While of work	1 tot willie	ory, street, office bldg., etc.)						
alive on 1 2 , and that death occurred at 32 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)	1			10574- /	117/50					
ACTUAL SIGNATURE April M. Shipley MD. 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD. 63 College Ave Annapolis, Mar land 200 BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) Burial Cedar Bluff Cemetery Annapolis, Maryland 212 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 2240. REC'D BY REGISTRAR'S SIGNATURE, ADDRESS	ı	120 / 200/								
ACTUAL SIGNATURE SIGNATURE M.D. 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land PHYSICIAN (Type) Frank M. Shipley MD 64 College Ave Annapolis, Mar land PHYSICIAN (Type) Frank M. Shipley MD 64 College Ave Annapolis, Mar land PHYSIC	1	dive on	T, and that death o			are stated above.				
PHYSICIAN'S NAME (Type) Frank M. Shipley MD 63 College Ave Annapolis, Mar land 226 BURIAL CREMATION, REMOVAL (Specify) Burial Cedar Bluff Cemetery or CREMATORY Annapolis, Maryland 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE, ADDRESS	1	ACTUAL TOWN! IM coffee	, her	-121.10	181 11 . : 11111	1. 1/11/				
NAME (Type) Frank M. Shipley MV 63 College Ave Annapolis, Mar land	M.D. (2) M.D. (2)									
22c. NAME OF CEMETERY OR CREMATORY BUT131 22d. LOCATION (City town, or county) Cedar Bluff Cemetery Annabolis, Maryland ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE	-		MIN	63 Colleg	e Are Annenolis Ma	r land				
Burial 1-15-57 Cedar Bluff Cemetery Annapolis, Maryland 23 EUNERAL DIRECTOR'S SUCHATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE,										
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to distribute from the trade and the state of the state o	1					URE.				
	1	of There to be before the first		DATÉ	111 _ U.U.	un-				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page may be retained by the haspital or attending physician.

TO FUN.

1 DIRECTOR: After this certificate has been signed by the attending physician and completely fire page.

yould be detached for use as the burial-transit permit. Then please remave carban papers. Pages the registrar prior to burial, cremation, or remaval, and in any event within 72 hairs after death.

in by the funeral director, and 2 shauld be filed with

: IEEAU V. S.

LECENAL DEC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUKEAU V, S.

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15M 9/55

DATE

BUREAU V. S.

DECEIVEL.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 129 Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY be filed a. STATE b. COUNTY MARYLAND the funeral should be fa b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) RURAL and give nearest town) VINO OF d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Last Month Year DECEASED (Type or print) DEATH 190 5. SEX 7. MARRIED NEVER MARRIED TO & DATE OF BIRTH 9: AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Min. WIDOWED [DIVORCED [сотр yrs. popers. 106. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME of o 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per ling for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH 70 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** permit. Canditions, if any, which Bued gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20d. INJURY OCCURRED Day, Year (Caunty) (State) factory, street, office bldg., etc.) Hour a. gs. While Not while at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased alive on ..., and that death occurred at l .M, fram the causes and on the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL SIGNATURE P hou PHYSICIAN'S NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

after death.

DECENVE.

ARYLAND	STATE D	EPARTMENT	OF	HEALTH-	BALTIMORE,	18

		MARY	LAND S	STATE DEPA	RTM	ENT OF HEALTH	I-BAL	TIMORE, 1	8	1)	918	55
			187	CERTI	FIC.	ATE OF DEATH	1		Reg. Di	st. No.		28
1.	PLACE OF DEATH	ne Arundel		MARYI	LAND	2 USUAL RESIDENCE (Who o. STATE Mairy	Land	d lived If institution b. COUNTY	on Residen	ce befor	e admissi	on)
	Crowns	If outside corporate line earest lewn) VIIIE		one of stay in the company of the co		E CITY OR TOWN (IF OR Pres		orote limits, write R	URAL and	give nec	rest town)
	d. NAME OF HOSPI OR INSTITUTION CITC	TAL (if not in hospitol, ownsville S	give street od tate H	dress) lospital		d. street address	#1			-	ON A	DENCE FARM? NO
	NAME OF DECEASED (Type or print)		oker	Middle		Venable	4. DATE OF DEATH	Mon 1	th	18		rear 19 57
5. :	Male	6. COLOR OR RACE Negro	7. MARRIE	D NEVER MARRIE	- 1	8. DATE OF BIRTH Not given		9. AGE (In years fost birthday)	IF UNDER	1 YEAR Doys	Hours	R 24 HRS.
10a	during most of wor	ON (Give kind of work king life, even if retire NOWN)	dona 10b. Ki d)	IND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Slote of Virginia)			12. CIT		S.	COUNTRY
13.	FATHER'S NAME Jan	nes Red				14. MOTHER'S MAIDEN N Jane Re					•	
15 (Ye		R IN U S. ARMED FO (If yes, give wor or doles of	service)	ocial security no.		nformant Mospital Recor		rownsvill Crownsvil				ital
	18. CAUSE OF DEA	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (0 1	for (o), (b), and (c).]	ےف					LINTE	RVAL BET	WEEN DEATH
	Conditions, if a gave rise to i cause (a), stating lying cause last	my, which	b) J	entity centities	mit U	Leurs						
MEDICAR CERTIFICATION	PART II. OTI	HER SIGNIFICANT COI	w	teat L	ise	NOT RELATED TO THE TERMIN	4.110	li	EN IN PAR	T 1(o) 15	PERFO	ALTOPSY RMED? NO []
All CERT	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)					•					
MEDIC	20c. TIME OF INJURY Month, Day, Year Place Of INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. gr. 19 While Not while of work											
	21. I certify the	nat I attended the	deceased 12.57			, 19 <u>56</u> , ta occurred at 7:00a	1/18 •M. fran	m the causes o	that I	last sa he dat	w the e	deceased
	ACTUAL SIGNATURE	while M/c	Hrun	y Map	6.		ADDRESS (S	treet, city or town,				18/57
	PHYSICIAN'S NAME (Type)	Lionel Mcl	lenry M	iapp, M. D	•							
220	BURIAL CREMINTIC	1	of -57	22c. NAME OF CEME	ale	R CREMATORY	nd. 10ca	TION (City, town, o	or county)	. /	(Stote	1
23.	FLAJEJIAL DIRECTOR	SISHUTUKE VILLOON	0 1.0	CADORESS ()	ent.	240/RECES	EV-REGIST	TRAR 246 REGU	THE SAL	HATUR	nec	· Com

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BUREAU V. L.

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Reg. Dist. No.

1	Mate Cotored Widowso Divorced Tury 1 777 52 yrs.
, [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	Farming Tobacco Fall Hovey Md
1	13. FATHER'S NAME
	Edward Willace Essie Eristin
	15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wer or dotes of service)
	40 - 216308483 Heurietto Wallace Tracyshanding Md.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN CONSET AND DEATH
I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Stab Wound of Chest
1	977X DUE TO
ł	Conditions, If any, which (b)
1	govs rise to immediate cause (o), stating the underlying DUE TO
ı	couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port II of item 18.) Stabbed during altercation.
ı	
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) County Mile Not white of work of wor
	21. I certify that I took charge af the remains described above, held an Autopsy [23], Inspection [7], Inquiry [7], and find that
	death resulted from: Natural causes. Accident . Suicide . Hamicide . Undetermined cause .
ł	
	SIGNATURE MD. CHIEF MEDICAL EXAMINER DATE SIGNED
1	ASSISTANT MEDICAL EXAMINER PA 1/3/57
	EXAMINER'S NAME (Type) Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER
Ī	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (Chy. Jown, or county) (Stote)
	Burial 1/6/57 Union élapel Makeudres : Mal
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A 240. REC'D BY REGISTRAN PAID, REGISTRAN SIGNATURE
	Beneved Harduty Gelisule land DATE 1/10/50
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Hours

death v copy of CERTIFICATE OF DEATH Reg. Dist. No. 1, PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (Il outside corporete limits, write RURAL end give neerest town) OR and give nearest town) [in this place] OR TOWN TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS 366 CAPTUR 3. NAME OF (Dey) (M.ddle) (Last) DATE (Month) DECEASED OF (Type or Print) DEATH AGE last birthday COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. RACE W DOWED, DIVORCED, Months Days (Spacify) YZS. 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? 31150 W1 MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED FORCES? 16. SOCIAL SECURITY NO. ARMED (Yes, no, or unk.) (If Yes, give wer or dates of service) INTERVAL BETWEEN MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20. AUTOPSY? 19a. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION YES 21a, ACCIDENT WAS UNDERLYING 21b PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dey) (Year) 21e. INJURY OCCURRED Not while While at work at work , to I a. O. , 19.5 L., that I last saw the deceased 22. I hereby certify that I attended the deceased from A alive on and that death **occurred** .M, from the causes and on the date stated above ADDRESS (Street, city, town, steta) LOCATION (City, town, or county) BURIAL, CREMATION DATE THEREO! NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY)

REGISTRÁRIS SIGNATURE

or attending requires that the death by the hospital The law TO FUNERAL DIRECTOR: motic

certificate assembly has certificate death

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

VI COLLABORA

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0018
	: 189 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH O COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) O. STATE D. COUNTY D. PLACE OF DEATH O COUNTY D. STATE D. COUNTY D. PLACE OF DEATH O COUNTY D. STATE D. COUNTY D. PLACE OF DEATH O COUNTY D. STATE D. COUNTY D. PLACE OF DEATH O COUNTY D. PLACE OF DEATH
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
1-1	DRURY d. NAME OF MOSPITAL (If not in hospital, give street address) or INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
Ī	NAME OF DECEASED (Type or print) MORLAN BIRRHEAD WAYSON DEATH 1 2 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 10st birthdoy) Months Doys Hours Min 11 12 13 14 15 15 15 16 17 18 16 17 18 18 17 18 18 18 18 18 19 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 11 19 12 19 13 19 14 19 15 19 16 19 17 19 18 18 18 18 19 19 19 19 19 19 19 19
/[100. USUAL OCCUPATION (Give kind of work dane) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) REAFOURANT OWNER RESTOURDS TO SUBJECT MEDITAL SUBJ
	MORLAND MUAYSON MARY LLLEN BIRCKHEAD
, b	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cleanal Line The Course of DEATH ONSET AND DEATH
	Conditions, If any, which appropriate (b) generally ed arthroscherosis
	couse (a), stoting the under-
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. 19 While Not while of work of work of work of work of work 19 Not while of work 19 Not while of work 19 Not work 19
	21. I certify that I attended the deceased from Sifet by 1951, to January 1, 1957, that I last saw the deceased alive on 1207, and that death occurred at M, from the causes and on the date stated above
,	ACTUAL SIGNATURE Emily H. Wilson M.D. Lytturen, M.d. 1-3-5
	NAME (Typo)
	20. BURIAL CREMATION, 26. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town. or county) (State) 13.077171 1/5/57 Chuist Church Outens ville. Md.
ഹ	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE
F	

BUREAU V. R.

SECEL LI NAL

Holy Cross Cem.

ADDRESS

McCully Funeral Homes 130 E. Fort Ave.

Reg. Dist. No.

Months

Same

e. IS RESIDENCE ON A FARM?

IF UNDER TYEAR IF UNDER 24 HPS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Baltimore, Ld.

24b. REOISTRAR'S SIGNATURES

24g. REC'D BY REGISTRAR

YES NO X

Year

19 57

REMOVAL (Specify)

Rumani 23. FUNERAL DIRECTOR'S SIGNATURE

EUREAU K.

DECEIVED 1957

VS A1S (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 190

Reg. Dist.

	06	1	9	U
No.		2	8	

1.	COUNTY CINE CATHADE MARYLAND	2. USUAL RESIDENCE (Where deceased fixed. If institution; Residence be a. STATE May y land b. COUNTY filth	efore admission)
	c. CETY OR TOWN (If outside corporate limits, write RURAL and are negress town) of the montes	c. CITY OR TOWN ut outside corporate limits, write RURAL and give a	nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddless) OR INSTITUTION OW. Ov. 11e State Hospital	Canalis Batton Rd	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) Mam'e Middle	White of DEATH Jerminan	Day Year 5-4
5.	46 Megro WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE floryours IF UNDER 1 YE. Wonths Days	
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME 2	Millie White, Mon	tgomery)
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NO (15 yes, give wer or delea of service) NO (16 yes, give wer or delea of service)	INFORMANT Address	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).], PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The rest of Mr. F 3444 X DUE TO Conditions, if any, which gave rise to immediate [b] Hydro Ceff		NTERVAL BETWEEN NSET AND DEATH
CATION	cause (a), stating the under- tying couse tost.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
CERTIFI	The state of the s	ED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO
MEDICAL		LACE OF INJURY (Home, farm, actory, street, office bldg., etc.) 20f. (City or town) (Count	y) (Stote)
	21. I certify that I attended the deceased from 10 -/ alive on 1957, and that death ACTUAL SIGNATURE	h occurred at Gill P. M., from the causes and on the d ADORESS (Street, city or town, state) M.D. Groling Mille State	saw the deceased late stated above. Less J
	PHYSICIAN'S KONSTANTIN WEBER	Maryland	1.20.59
L	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify)	OR CREMATORY 22d LOCATION (City, town, or county)	(Stote)
7	Il keam & to katherin 2-17017/	in Cally Control of the Control of the Cally Contro	Journe
	SAU 11 T	1111001	

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		91					Reg. D	ist. No),	
1. PLACE OF DEATH o. COUNTY	Arundal		MARYLANE	2. USUAL RESIDENCE OF STATE		sed lived. If institu		ence bel	fore adm	ission)
b. CITY OR TOWN (Il outside corporota limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside co	rporate limits, write	RURAL and	d give n	earesi ia	/wn}
Jessins			Few semonds	X2Fort Me	eade					
d. NAME OF HOSPI	east of ro	(If not in hor	spital, give street address)	rd. STREET ADDRES	SS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Hugh E. Wil		Middle	Losi	4. DATE OF DEATH	Mont		Doy		Year 19
5. SEX	6. COLOR OR RACE	7. MARRI	DE NEVER MARRIED	B. DATE OF BIRTH		P. AGE (In years	IFUNDER	and the second		ER 24 HRS
J 7.5		WIDOWE		7/9/31		10st birthdox) 25 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPATI	ON (Give kind of warking life, even if retired)	dane 10b.	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S		country)	1			COUNTRY
	in the U.S	Army		Verbana		na	0	.S.4	l'e	
13. FATHER'S NAME				14. MOTHER'S MAIDE						
?				Irene Wi	sson					
15. WAS DECEASED EN	/ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
	present			Fort Mead	iels Rec	rds.				
	ATH [Enter only one con	use per line	for (a), (b), and (c).					ONSE	T AND DE	ATH
PARI I. UEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a))	Practure of	skull				S	udde	n
123X	DUE TO									
Canditians, if a		1								
gave rise to imme										
couse last.	(e))								
САПС		DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PAR		9. WAS PERFO YES K	AUTOPSY DRMED? NO [J
PRIMARY OF DEATH			E HOW INJURY OCCURRED.			of item 18.)				
	IRY Month, Day, Ye	utomot	pile hit a pos	t and turne	dover		10-	. n.t. 1		164.413
20c. TIME OF INJU	4 4 4		NJURY OCCURRED 20e. PL	tary, street, office bldg.,	efc.)	y or lown)	(COL	unity)		(State)
- 148			rk at work x Rout	e 8 Md		esums A	M. Mc	1		
21. I certify t	hat I taok charge	of the r	remains described ab	ave, held an Auto	opsy 🔲, I	nspection 2,	Inquir	у 🔄	, and	find tha
death resulted	fram: Natural	causes [], Accident 🔼 Su	ricide 🔲, Hamic	ide 🔲, U	ndetermined o	ause 🔲			
ACTUAL SIGNATURE	stone Hi	Par	cheralle	M.D. CHIEF MEDICA	AL EXAMINER [DATE :	SPERVES
					DICAL EXAMINI					
NAME (Type)	stave H. F.	aubert	M.D.	DEPUTY MEDIC	CAL EXAMINER	1/21/	/57			
REMOVAL (Species	5-14/19/14	1/28	Morning !			TION (City, lawn, chena		1	abar	
23. FUNERAL DIRECTOR			ADDRESS		REC'D BY REGIS	TRAR 245 REGT	STRAR'S SIG	MATUR	-	
Arlington	S. Phillip	os, 18	OS N. Hopras-	St Md DATE	21 Jan	57 11	SAVVE	7	77+	Mee

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed the certificate, writing the ward "pending" in pendi fin tem 18. Give Pages 1, 2, and 3 to the pending in received to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

Warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

VS. A15ME(5) 5M 9/55

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			R	eg. Dist. No.
PLACE OF DEATH O. COUNTY A. A.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived, 1f institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DEALE	CO 475	C. CITY OR TOWN (IF O	utside corporate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) WILLIAM BRY	S. D.N	Wood	4. DATE Month OF DEATH	Day Year
MALE White WIDOWE	D DIVORCED	B. DATE OF BIRTH Sept 24 189	O G yrs.	UNDER 1 YEAR IF UNDER 24 HR. anths Days Hours Min.
la. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) 2 APPEN TER	KIND OF BUSINESS OR INDU	Church	ton Md.	12. CITIZEN OF WHAT COUNT
Richard F. Wood		Caroline E	- SCMMONS	
Yes, no, or unknown] (If yes, give wor or dates of service)	003 502 3 1	Ord F. WOOD	Address DEALE	MD.
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	lectral	hemmh	gi	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	generalzi	d arterior	elune	
PART II. OTHER SIGNIFICANT CONDITIONS C 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTERUTING TO DEATH OUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort 1 ar Part II af item 18.)	
Hour a. n. While	NJURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Hame, form clary, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that I attended the decease alive on DLC 28 19.5	~/		_M, from the causes and	
SIGNATURE Thing H. U	ulin	M.D. Li	ADDRESS (Street, city or town, state the miles) DATE SIGN
PHYSICIAN'S NAME (Type)				
20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	SF JAHE		7 RACPS	nred.
3. FUNERAL DIRECTOR'S SIGNATURE TRESSESSED HER LESTER LA	lisulle L	24g. REC'U	OF REGISTRAR 245. REGISTRA	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or alterding physician.

TO F RAL DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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